



Summer 2021 Student Information Form

July 5th - July 30th

Student Name *

First Name Last Name

Student Birthday *



Month Day Year

Student School *

Student Grade starting 2021-2022 school year *

What is the primary language spoken at home? *

Is your student in bi-lingual classes at school? *

Yes

No

Does your student receive special services through their school? *

Yes

Please list the services received here.

Does your student have any allergies (food or other)? *

Yes

No

If yes, please list allergies here:

Will your student be bringing an EpiPen to the museum? *

Yes

No

Does your student take any other medications on a regular basis? *

Yes

No

If yes, please list medications and dosages here:

Would you like to share any other diagnoses - medical or otherwise? *

Yes

No

If yes, please elaborate here:

Medical Authorization

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the Fort Worth Museum of Science and History Museum School to take my child to Cook Children's Medical Center.

I authorize the Fort Worth Museum of Science and History to secure any and all necessary emergency medical treatment and transport for my child.

Printed Name *

First Name Last Name

Will your student be carpooling with another student(s)? *

Yes

No

Please list other students in carpool here:

Will your student need transportation to the museum? *

Yes

No

Child Release

Children will only be released to a parent/guardian/emergency contacts listed below after verification of ID. I authorize The Fort Worth Museum of Science and History to release my child to ONLY with the following persons. There will be no exceptions.

Parent/Guardian #1 *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Parent/Guardian #2

First Name Last Name

Phone Number

Please enter a valid phone number.

Emergency Contact #1 *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Relationship to Student *

Emergency Contact #2 *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Relationship to Student *

Emergency Contact #3 *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Relationship to Student *

Emergency Contact #4

First Name Last Name

Phone Number

Please enter a valid phone number.

Relationship to Student

Emergency Contact #5

First Name Last Name

Phone Number

Please enter a valid phone number.

Relationship to Student