



# SPECTRUM OF SCIENCE FOUNDATION

## HAVE FUN & LET THE LEARNING BEGIN!!

### *Authorization of Consent to Treatment of a Minor*

(I), (We), the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize **Spectrum of Science Foundation** & Mary Ogden, as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/ her best judgment, may deem advisable.

This authorization shall remain in effect from this date 9/1/16 to 8/31/2017 unless revoked in writing and delivered to said agent(s). We hereby give permission for my/ our child to attend the **Spectrum of Science Foundation** program at the designated facilities. I give the group leaders permission to take any necessary action in the event of an emergency.

**You should be aware of the following conditions or allergies that may occur with my child, as follows:** \_\_\_\_\_

**Medications:** All medications MUST be in original labeled container and must be given to the Camp Director each morning. Campers may not keep their own medications.

Is your child allergic to bee stings? \_\_\_\_\_ Yes \_\_\_\_\_ no \_\_\_\_\_ don't know

### *Liability Release-Accidental Injury*

I, \_\_\_\_\_ the parent/guardian of hereby acknowledge that my child and I freely and voluntarily have chosen to participate in a **camp** program being conducted by **Spectrum of Science Foundation**. I hereby agree to save and hold harmless **Spectrum of Science Foundation**, Mary Ogden; participating private entities, and/or any cooperating or sponsoring public entities and their respective agents from any liability for accidental personal injury or property damage which I or my child may suffer arising out of his/her participation in **Spectrum of Science** programs.

\*\* I give permission for my child to be filmed or photographed for promotional purposes. Yes/No

\_\_\_\_\_ has my permission to pick up my child.

\_\_\_\_\_  
Mother/Father (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Guardian (print name)

\_\_\_\_\_  
Signature

In Case of an Emergency, please list alternate authorized people and contact phone numbers in the event a parent listed above cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Doctor/Practitioner Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Medical Plan: \_\_\_\_\_ ID#: \_\_\_\_\_