



Date of Enrollment: _____

Jackson Hole Children's Museum Information and Medical Form - NO CHANGE

I, _____ certify that there have been NO changes to the following information since last registering my child, _____

for a JHCM program (please initial all that apply):

- Home address
- Parent/Guardian contact information
- Emergency Contact Information
- Authorized persons (pickup)
- Health and medical information
- Allergy information
- Medication information
- Doctor's Information
- Dentist's Information
- Willingness or ability to participate in COVID Procedures Agreement

Please note: JHCM Consent & Waiver Form must be completed for every program, every time.

My child has permission to participate in all JHCM activities, including field trips, and use of Jackson Elementary playgrounds and field. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Parent 1:

Parent 2:

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Signature

Date

Printed Name: _____

Printed Name: _____