



Date of Enrollment: \_\_\_\_\_

## Jackson Hole Children's Museum Information and Medical Form

### GENERAL INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

*Parent/Guardian Information (primary contacts):*

Name (1): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer, Employer Address and Phone: \_\_\_\_\_

Name (2): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer, Employer Address and Phone: \_\_\_\_\_

*Emergency Contacts:*

<b>Primary Emergency Contact</b>	
Address	
Phone & Email	
<b>Secondary Emergency Contact</b>	
Address	
Phone & Email	

*Authorized Persons:*

Participants may only be picked up by parent or guardian unless otherwise authorized. List any other authorized parties who may pick up your child from the Children’s Museum here. Please list name, address and phone number for each. Please also list anyone *not permitted* to pick up. If self check-out is allowable (child him/herself) for biking/walking purposes, please note that as well.

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**HEALTH AND MEDICAL INFORMATION**

Please circle YES or NO for all items. Explain any YES answers in the box.

1) Any adverse reactions to medication?	YES NO	
2) Is student currently taking any medication(s)? If YES, what type/dosage? What is the medication for?	YES NO	
3) Will your child be self-administering this medication during programs hours? If YES, please explain.	YES NO	
4) Any allergies to foods, medications, environment? Please describe the allergic reaction in detail.	YES NO	
5) Any food/dietary restrictions?	YES NO	
6) Has student ever been stung by a bee? If yes, describe any allergic reactions.	YES NO	
7) Overdue for Tetanus shot series?	YES NO	
8) Any respiratory problems or asthma? Students who use inhalers are required to carry them at all times.	YES NO	
9) Any heart defects or heart disease?	YES NO	
10) Any history of seizures, convulsions, epilepsy or other medical disorders?	YES NO	
11) Any ankle/knee/hip or other joint problems?	YES NO	
12) Does student have diabetes? Describe Type.	YES NO	
13) Has student consulted a mental health care professional in the past 2 years? Please explain.	YES NO	
14) Does student have any other medical conditions that may preclude strenuous activities?	YES NO	
15) Does student wear glasses or contacts?	YES NO	
16) Does student have any learning differences, or social information, we should be aware of?	YES NO	
17) Any additional information:		

COVID-19 EXPOSURE & SCREENING

Families certify that they will notify JHCM if their child has displayed any COVID-19 symptoms in the 2 weeks preceding camp including but not limited to fever or chills, cough, shortness of breath, fatigue, muscle ache or body aches, headache, loss of taste or smell, sore throat, congestion, nausea, or diarrhea OR have been in contact with anyone who has exhibited COVID-19 symptoms or tested positive for COVID-19 during that time period. Children who are exhibiting symptoms or who have been in contact with symptomatic individuals are asked to stay home until they are symptom free and provide a negative Covid test administered at least 5 days after exposure and/or written permission from a physician. Participants will participate in daily health screenings in order to meet CDC and state/local health guidelines.

EMERGENCY MEDICAL CARE

In the case of an emergency, JHCM will not transport your child. We will call the parents or dial 911 for emergency transportation.

PROVIDERS

Doctor’s Name and Phone Number: \_\_\_\_\_

Dentist’s Name and Phone Number: \_\_\_\_\_

MEDICATION

Jackson Hole Children’s Museum staff will not administer medication other than Benadryl and Epi-pen in the case of an emergency. If your child requires medication during our program, the medication must be in the original container with doctor’s orders for the medication. This also includes Epi-pens. Please make sure your child has any necessary medications (Epi-pen, Inhaler, etc.). If anything is administered, parents will be notified.

Food/Allergies: We cannot guarantee a food allergen-free environment. Please notify us if your child has any special dietary, allergy, or medical needs.

Over-the-Counter Medications (e.g. sunscreen): Please provide sunscreen for your child(ren). If not provided, JHCM staff will apply program sunscreen if necessary for outdoor activity.

\_\_\_ Check here to authorize JHCM to apply sunscreen provided by parent or program.

\_\_\_ Check here to authorize JHCM to apply triple antibiotic ointment (AKA neosporin) provided by parent or program.

FIELD TRIPS

Parents will be notified in advance if an off site field trip is planned. JHCM will not transport children; locations will be accessible by foot or START Bus. Students will visit the Jackson Elementary School field and playgrounds as part of daily programs.

OTHER PERTINENT INFORMATION FOR OUR STAFF, if applicable: \_\_\_\_\_

*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.*

Printed Name: \_\_\_\_\_

Parent 1:

Parent 2:

\_\_\_\_\_  
Parent or Legal Guardian Signature                      Date

\_\_\_\_\_

Parent or Legal Guardian Signature

Date

Printed Name: \_\_\_\_\_