

Parents Night Out Drop-Off Form

Child's Name: _____ Age: _____ Grade: _____ School: _____

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Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Email Address: _____

Emergency Contact _____ Phone: _____

(If custodial parent cannot be reached)

Allergies/Dietary Restrictions: _____

Is there anything else we should know about your child? _____

How did you hear about this program? _____

PICK UP/DROP OFF POLICY

For the safety of your children, a PHOTO ID must accompany every person permitted to pick up your child. There will be no exceptions to this policy. All children must be picked up INSIDE the museum.

Excluding the people listed above, please PRINT LEGIBLY the names, contact phone number and relationship to the child of anyone else you will permit to pick up your child.

Name (First, Last)	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Great Explorations member ID number *(needed to receive a member discount)*: _____

Please return completed form to: Education@greatex.org or by fax: 727.823.7287. Contact 727.821.8992 with questions

**THE FOLLOWING SECTIONS REQUIRE NOTARIZATION, PLEASE DO NOT SIGN THE BELOW WITHOUT A LEGAL NOTARY
MEDICAL & LIABILITY RELEASE**

I hereby give permission for Great Explorations Children's Museum to seek medical treatment for any emergencies in the rare event of an injury or illness during camp or camp-related events until I can be reached. I agree to pay any and all expenses incurred for such treatment. I release Great Explorations, or any other person acting on their behalf, from liability for any bodily injury, sustained and loss or damage of any personal article while on the premises or participating in any activity sponsored by Great Explorations. I also permit Great Explorations to seek medical treatment as deemed appropriate through EMS/911 and/or local hospitals.

Parent's Signature _____ Date _____

NOTARIZATION	
STATE OF FLORIDA COUNTY OF _____	
The foregoing instrument was acknowledged before me on _____ (month) _____ (date) _____ (year) by _____ (name of Affiant), who is personally known to me or	
	SEAL OF NOTARY
who has produced _____ as identification.	
Signed: _____ (Signature of Notary)	