Amelia Island Museum of History
CAMP FORM - 2024

Name of child: _____ **DOB:** _____

Name of Parent: _____
                    NAME   RELATIONSHIP

Home Address: _____
                    STREET NUMBER   STREET NAME

_____
                    CITY   STATE   ZIP CODE

Home Phone: _____ **Cell Phone:** _____

Child's School: _____ **Child's Age:** _____

*Email Address: _____

PLEASE LIST ALL KNOWN ALLERGIES:

_____

_____

_____

_____IN CASE OF EMERGENCY_____

CONTACT PERSON: _____
                        NAME   PHONE   RELATIONSHIP

CONTACT PERSON: _____
                        NAME   PHONE   RELATIONSHIP

CHILD'S PHYSICIAN: _____
                        NAME   OFFICE PHONE NUMBER

Amelia Island Museum of History Medical Release Form

STATEMENT OF CONSENT: (Must be signed in the presence of a legalized notary public)

In the event of an emergency or non-emergency situation requiring medical treatment for my child, _____, I, _____ hereby grant permission for any and all medical and/or dental attention to be administered to my child in the event of an accidental injury or illness until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian Signature: _____   Date: _____

Print Name of Parent/Guardian: _____

NOTARIZATION:

ON this _____ day of _____, _____, _____
        Date   month   year   name of parent/Guardian
Personally appeared before me in _____ County, in the state of _____

And, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

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AMELIA ISLAND MUSEUM OF HISTORY PHOTO PERMISSION FORM

NAME OF CHILD: _____ Age: _____

I hereby give my permission for publication or display of my child's photo and/or artwork in exhibits, Printed materials for the Amelia Island Museum of History (AIMH), on the AIMH website, and/or submitted for distribution by media outlets. I understand that only my child's name may be used and no other identifiable information about my child may be given. I also understand that I may revoke this permission, in writing, at any time.

Parent/Guardian Signature: _____ Date: _____
Print Name of Parent/Guardian: _____