

# The Health Museum

JOHN P MCGOVERN MUSEUM OF HEALTH & MEDICAL SCIENCE  
**A real body of knowledge**

The Health Museum – Camp Office • 1515 Hermann Drive • Houston, Texas 77004-7126

PH. 713-521-1515 ext. 121 • FX. 713-942-7055

**Website:** [www.thehealthmuseum.org](http://www.thehealthmuseum.org) • **E-mail:** [camps@thehealthmuseum.org](mailto:camps@thehealthmuseum.org)

Dear Discovery Camp Parent or Guardian,

We are so excited that you and your camper have chosen to register for Discovery Camps at The Health Museum! Your order has been received and your camper has been enrolled in the camps indicated on the automated receipt.

**This confirmation packet includes the forms necessary to complete your registration process. Upon receipt of this packet, please read, complete and sign all forms that are included in the Camps Confirmation Packet. Completed forms can be emailed, faxed, or mailed to The Health Museum Camp Office. Campers who do not have completed forms on file will not be permitted to participate in the Discovery Camps Program.**

***What you need to know about camps:***

- ✓ General camper admission is scheduled between 8:30 and 9:00 am in the Grand Hall and Before Camp Care camper admission begins at 7:30 am in the Grand Hall. General Camp pick-up will take place on the first floor of the Museum between 3:00 and 3:30 pm and After Camp Care pick-up will take place on the first floor of the Museum between 3:30 and 5:30 pm. Campers picked up after 3:30pm must be registered for Extended Camp Days.
- ✓ Campers will only be released to the adult(s) identified on the Discovery Camps Guidelines & Expectations form. Adults picking up campers will need to bring a picture ID with them.
- ✓ Complimentary parking will be available in the surface pay lot during sign-in and pick-up times only.
- ✓ Directions to The Health Museum can be found on our website: [www.thehealthmuseum.org](http://www.thehealthmuseum.org)
- ✓ Campers will need to bring their own lunches each day. An afternoon snack will be provided (Campers are welcomed to bring their own afternoon snacks).

For a complete list of Frequently Asked Questions, please visit The Health Museum's website. If you have any questions regarding 2016 Discovery Camps, please call 713-521-1515 ext. 121 or email us at [camps@thehealthmuseum.org](mailto:camps@thehealthmuseum.org). We are anticipating a terrific camp season and look forward to meeting you and your camper!

Kennethia Rideaux  
Education Specialist, Camps

**CAMPER INFORMATION  
FOR ONLINE REGISTRANTS  
2017 Discovery Camps**

**PLEASE PRINT CLEARLY.**

Camper's Name: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_ Circle one: Male Female

Camp: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Name of Person who registered  
camper: \_\_\_\_\_

**Age of Camper Participation Policy:**

Discovery Camps are age-specific. Campers must be the appropriate age as of the first day of the camp for which they are registered. The Museum reserves the right to request proof of campers' ages.

**Field Trip Permission and Consent (REQUIRED):**

I hereby give permission and consent for the camper I am registering to participate in The Health Museum's approved field trips. When necessary, campers will be transported by van, bus service, or Metro Rail with a certified and licensed driver. Campers will be supervised by members of The Health Museum's staff during approved field trips. I understand that in order for my child to participate in field trips to other facilities, hospitals, laboratories, institutions, he/she must wear closed-toe shoes and long pants.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Media Release (Optional):**

The camper and the guardian acknowledge and agree that any photos, videos or pictorial images including those of the camper taken or created by any \*Released Party (including without limitation any taken by any photographer or videographer paid by or volunteering for any Released Party) during or relating to the Course are the sole property of The Health Museum and may be used in future publications, promotions, advertisements, and exhibits of The Health Museum (or any other person authorized to use such images by The Health Museum) without the need of any additional permission from or consideration to the camper or guardian. Photos will only be used for Museum purposes.

\*The Health Museum and its directors, officers, employees, volunteers, agents, and all persons acting by, through, under or in concert with The Health Museum (collectively called the "Released Parties")

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## GENERAL RELEASE & CONSENT 2017 Discovery Camps

### PLEASE READ AND SIGN

The Health Museum is offering camps in its 2017 Discovery Camps Program. While every preventative measure will be taken, injuries may occur during a camper’s participation in the 2017 Discovery Camps Program. This is a risk that the camper and his/her legal guardians voluntarily agree to assume in exchange for the privilege of registering for and participating in the chosen camp(s). The camper and his/her guardians understand and agree that this risk is one that The Health Museum does not assume and that the Health Museum is not responsible for any injuries to the camper.

Accordingly, \_\_\_\_\_ (the “guardian”), the legal  
Please print name of parent or legal guardian

guardian of \_\_\_\_\_ (the “camper”) voluntarily  
Please print name of child/camper

releases The Health Museum and its directors, officers, employees, volunteers, agents, and all persons acting by, through, under or in concert with The Health Museum (collectively called the “Released Parties”) from any and all losses, demands, claims, suits, causes of action, liabilities, costs, expenses, and judgments whether arising in equity, at common law, or by statute, under the law of contracts, torts, or property, for personal injury (including without limitation emotional distress), arising in favor of the guardian or the camper based upon, in connection with, relating to or arising out of, directly or indirectly, the camper’s participation in the camp (collectively called “Claims”) AND EVEN IF ANY SUCH CLAIMS ARE DUE TO THE RELEASED PARTIES’ OWN NEGLIGENCE, STRICT LIABILITY WITHOUT REGARD TO FAULT, VIOLATION OF STATUTE OR OTHER FAULT. The guardian and the camper hereby give their permission to the Released Parties to seek emergency medical treatment for the camper if any Released Party deems in its discretion that such emergency medical treatment is necessary.

Parent/Guardian (Printed Name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.  
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

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## EMERGENCY CONTACT & MEDICAL INFORMATION 2017 Discovery Camps

It is important that the Camp Office be informed about campers' medical needs while they are with us. Staff will treat the information provided with the greatest possible confidentiality. **All protected health information will be held confidential according to HIPAA privacy regulations.**

CAMPER'S NAME: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

### MEDICAL INFORMATION

Does the camper currently have any of the following?

1) Allergies? Drug and/or food?

\_\_\_\_\_

2) Any physical restrictions or other health problems we should be aware of?

\_\_\_\_\_

3) Is the camper currently on any medication? Will he/she need accommodations to take it during the camp day?

\_\_\_\_\_

### ACCEPTANCE OF MEDICATION POLICY

***Parents/Guardians are asked to read the following statement carefully and sign to signify their understanding of the medication policies for both prescription and non-prescription drugs. Your signature further indicates that you and your child agree to abide by the policies regarding medication.***

I understand that The Health Museum cannot in any way assume responsibility for dispensing my child's medication to her/him nor can this institution assure that my child has taken his/her medication. I further understand that it is my child's responsibility to self-medicate. I also understand that within a policy of limited confidentiality, some staff members may have access to my child's medication information; however, I also understand that this access is needed for administrative purposes and not for the monitoring of student medication issues by staff. Your signature indicates that you and your child agree to comply with the policy on medication.

I also hereby authorize disclosure of this protected health information in accordance to HIPAA privacy regulations for the purpose of my child's participation in the Summer Discovery Camps Program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.  
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

## 2017 DISCOVERY CAMPS GUIDELINES

We want your child's experiences with The Health Museum Discovery Camps to be extraordinary! Please review the following guidelines with your child and return this form to the Camp Office along with the General Release & Consent and Emergency Contact & Medical Information forms.

### Campers:

- ✓ Treat others as you would like to be treated.
- ✓ Respect the property of others, including the property of both the Museum and fellow campers.
- ✓ Listen to and follow the directions given to you by Museum staff at all times.
- ✓ Be curious! Participate in activities and ask questions!
- ✓ Remember that safety is a priority.
- ✓ Appropriate behaviors include, but are not limited to the following:
  - Being respectful
  - Being courteous
  - Being helpful
- ✓ All cell phones and portable electronic devices are expected to be turned off and put away during the camp day.\*

\*The Health Museum is not responsible for the safety or replacement of personal items brought to camp by campers. We discourage campers from bringing non-camp related items with them – particularly items that may have significant monetary or personal value.

### Parent/Guardian:

- ✓ **IMPORTANT! Campers will only be released to the adult(s) identified on this form.** If the adult(s) picking up the camper changes, it is important that you notify the Camp Office of the change. Adults picking up campers will need to bring a picture ID with them.

Name of adult(s) who will be signing camper out each afternoon:

_____	_____
_____	_____
_____	_____

**We have read and understand the guidelines and expectations on this form and understand that inappropriate behavior could result in dismissal from camp. If a camper is dismissed from camp for inappropriate behavior, no refund will be given.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date