



**MILWAUKEE PUBLIC MUSEUM
2013 SPRING BREAK PIRATE CAMP HEALTH/PERMISSION FORM**

Completed form must be returned at least two weeks prior to camp date to guarantee acceptance to camp.

Camper's Name:	Birthdate (MONTH/DAY/YEAR):
Camps registered for:	
Camper's Home Address:	
Home Phone Number:	
Mother/Guardian's Name:	Mother/Guardian's Work Phone:
Mother/Guardian Work City:	
Father/Guardian's Name:	Father/Guardian's Work Phone:
Father/Guardian Work City:	
Family's e-mail address: (We do not sell our lists to organizations, but may use this in the future to communicate with you or promote our camps)	
If you cannot be contacted, emergency contact: Name: Relationship to camper: Phone Number:	
PERMISSION TO PARTICIPATE: I give permission for my child to attend the Milwaukee Public Museum 2013 Pirate Camp. Parent/Guardian Signature: _____ Date: _____	
PHOTO RELEASE: I give permission for photographs of my camper to be taken for publicity purposes. Parent/Guardian Signature: _____ Date: _____	
HEALTH CONDITIONS - Please define and describe any chronic illness or health condition your child has:	
ALLERGIES - Please check those that apply: <input type="checkbox"/> animals <input type="checkbox"/> medicine/drugs <input type="checkbox"/> hay fever <input type="checkbox"/> insect stings <input type="checkbox"/> plants <input type="checkbox"/> food <input type="checkbox"/> other Please explain all those checked:	
MEDICATION -Does your camper take any medications on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does this need to be administered at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please plan on coming to MPM at lunch to administer. The museum is not permitted to administer medication.	
INSURANCE - Does your insurance require pre-authorization before seeking non-life threatening emergency medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please supply all necessary information _____	
Please list all persons authorized to pick up your camper: Name(s): _____ Relationship(s): _____ Name(s): _____ Relationship(s): _____ Name(s): _____ Relationship(s): _____ Name(s): _____ Relationship(s): _____	

Return health form by mail: MPM, Attn: Lisa Ponto, 800 W. Wells Street, Milwaukee, WI 53233

Return health form by fax: Attn: Lisa Ponto, 414-278-6108. E-mail scan to ponto@mpm.edu