



Educational Programs Medical Information Form

The parent or guardian of each child participating in Space Center Houston's Educational Programs must complete and sign this form prior to the individual's participation in the program.

I hereby authorize Space Center Houston Staff to care for:

NAME: _____

DATE OF BIRTH: _____ Age: _____

I authorize the Space Center Houston Staff to arrange for emergency transportation for the minor named above. I understand that I will be immediately notified of any incident.

Parent or Guardian Signature: _____

Relationship to Camper: _____ Date: _____

Best number to call during camp: _____

Backup Emergency Contact Name: _____ Phone: _____

Please provide medical information, including allergic reactions, current medications, etc., that program supervisors should be aware of:

I hereby also grant _____, do not grant _____ (check one) Space Center Houston permission to record my child's likeness on film, video, and or photograph to be used for advertising purposes. No personal information about the child will be used.
