

HOUSTON MUSEUM OF NATURAL SCIENCE
Scouts@HMNS

PERMISSION FORM AND CONSENT TO TREAT

As described in the HMNS Summer Scout Academy website and course catalogue, certain classes involve an offsite field trip. Transportation, which will be arranged by HMNS and is included in the class fee, will be by bus, METRO light rail, or on foot, depending on the destination. The undersigned, as parent/guardian of the named Scout, agrees as follows:

1. I have read the description of this field trip and my child has my permission to participate.
2. I shall instruct my child to obey all instructions given by HMNS staff.
3. This field trip is an integral part of the Summer Scout Academy class and failure to attend will result in only partial credit for the class, e.g., for Boy Scouts, a partial on the respective Blue Card.
4. In the event of an emergency, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary by the HMNS staff member in charge of the field trip and to assume liability for any medical expenses involved.

Signed this ____ day of _____, 2016.

Signature of Parent/Guardian

Please print the following and bring to class on Tuesday:

Name of Scout: _____

Name of Parent/Guardian: _____

Telephone Number: _____

Alternate Emergency Contact: _____

Relationship to Scout: _____ Telephone Number: _____

FOR HMNS USE: Public Health Facility (To be announced) and Bodegas restaurant.

CLASS: What's Up Doc

DATE: Announced on the first day of classes.