

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:** West Alabama Animal Clinic, 2030 West Alabama, Houston, TX 77098 by bus and Herman Park for observations. Scouts will need to wear their class "A" uniform on Tuesday. Scouts will need to bring a sack lunch this day. Herman Park for observations.

**CLASS:** World of Animals



West Alabama Animal  
Clinic 2030 West Alabama  
Houston TX 77098  
713.528.0818 phone  
713.528.4398 fax  
www.WestAlabamaAnimalClinic.co  
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My child is observing at West Alabama Animal Clinic in order to learn about Veterinarians and the operations of the hospital.

I acknowledge that I am not an employee and I assume no responsibility and receive no compensation or benefits whatsoever.

I acknowledge that West Alabama Animal Clinic or its employees are not responsible for my child's actions and that they assume no liability on my behalf. If my child is injured while observing at the clinic I know I am responsible for all medical expenses.

I fully understand that animals are unpredictable and my child will be instructed on the risks of working/observing animals.

I ( parent/guardian) \_\_\_\_\_ my child  
\_\_\_\_\_ and I understands this form and allow  
permission for my child to observe.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_