



# NATURE ADVENTURES

## Emergency Care Permit and Health Card

### Participant Information

Participant's name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian with whom child lives \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Alternate: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

(Person to call if guardians cannot be reached - local resident)

Extra information: Specify anything which would help us better accommodate your child's learning style or personality.

### Medical and Health Information

Health Issues: Specify anything which would limit activity or may require special care, including allergies.

Medications: Please list any prescription medication which your child takes regularly.

➤ If I cannot be reached by telephone in the event of an emergency, please take my child to any available medical service and please call Dr. \_\_\_\_\_ at \_\_\_\_\_  
(Physician's name or other) (Phone number)

➤ I authorize the Santa Barbara Museum of Natural History staff to seek emergency medical treatment for my child until I am able to be present.

Insurance title and policy # \_\_\_\_\_  
(Please include a photocopy)

Print name and signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)



Santa Barbara  
Museum of Natural History  
& Ty Warner Sea Center