

**Permission Slip and Medical Release Form Must Be Returned Immediately**

*Please print all information – incomplete forms will be returned*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical History Must Include Immunization Record**

*Check any and all that apply to your child*

Medical Conditions

Allergies

List dates last immunized:

*Please include physicians vaccine record*

Heart condition

Nuts/peanuts

DPT \_\_\_\_\_

Epilepsy

Bee stings

MMR \_\_\_\_\_

Diabetes

Milk/Lactose

Polio \_\_\_\_\_

Asthma

Colored dyes

Hepatitis B \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Current prescribed medications \_\_\_\_\_

Please specify any health concerns, physical/mental limitations, or other information you feel our staff should know about. Also, please indicate if your child has any special dietary restrictions.

\_\_\_\_\_  
\_\_\_\_\_

**Family Medical/Hospitalization Insurance Coverage**

Name of Insurance Company or Government Program \_\_\_\_\_

Policy/Identification # \_\_\_\_\_

Family Physician's Name and Phone # \_\_\_\_\_

I hereby give my child permission to fully participate (subject to restrictions noted) in all Long Island Aquarium Fun-cation and Summer Program activities.

I further grant permission to the director of the activities (or authorized designee) to dispense or supervise administration of any prescribed medication my child is currently taking during program hours.

I understand that I will be notified in case of serious injury or illness. However, in the event that I or my designated representative cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian

## Acknowledgement of Risk & Transportation Form

*This form must be completed and returned to **Long Island Aquarium** before child may participate in planned activities.*

I hereby grant permission for my child \_\_\_\_\_ to participate in the daily program activities sponsored by **Long Island Aquarium** during the current year's Fun-cation and Summer Adventure Days program, and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the Summer Adventure Days program activities and my child's participation in such activities, and use of any equipment related to such activities, may result in injury, illness, or death, and/or damage to personal property. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers. My child is in good health. I understand that he/she may participate in strenuous physical activity.

I agree that the **Long Island Aquarium** staff may, when necessary, transport my child from special activity sites in their personal vehicles.

I permit the use of any photos, slides, films, videos, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

**I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITIES.**

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

Parent/Guardian Name (print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Transportation of Participant Information

- Parent(s) will personally transport child(ren) to and from program daily.
- My child will carpool to and from program daily with \_\_\_\_\_
- My child may be released to the following person(s) **only** (Include full name and home/cell phone  
\_\_\_\_\_)
- My child will be participating in the 2pm-5pm aftercare program. (Aftercare participants must pre-register and be paid in full for the entire week that you are scheduled for Summer Adventure Days.) Additional registration and fees apply.

**NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TWO WEEKS PRIOR TO THE START OF THE PROGRAM OR REGISTRATION IS**

**SUBJECT TO CANCELLATION.**



I, \_\_\_\_\_, hereby grant permission for images (video, photo, digital) of myself, or my child/student, captured during regular and/or special activities at the Long Island Aquarium (including Atlantis Banquets & Events, Hyatt Place Long Island/East End, and Treasure Cove Resort Marina), to be used on its Web sites, or any promotional sites, in other official printed or e-mailed publications, advertisements, web banners, gate banners, or by various media outlets. I also agree to waive any rights of compensation or ownership thereto. I acknowledge the users' right to crop or treat the image at its discretion. I also acknowledge that the facility may not choose to use my photo at this time but may do so at its discretion at a later date.

I also understand that once the image is posted online, it can be downloaded by anybody. Therefore, I agree to indemnify and hold harmless from any claims the following:

- Long Island Aquarium
- Atlantis Banquets & Events
- Hyatt Place Long Island/East End
- Treasure Cove Resort Marina
- LI Canoe Kayak Rentals
- Seaside Grill
- Flyboard LI
- All Media Outlets

Long Island Aquarium reserves the right to discontinue use of images without notice.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Photo Description / ID #:  
-----------------------------------