STEAM Camp Emergency Contact Form

Please fill out the following information for primary and emergency contacts and authorized pick-up persons. Note that the primary contact and emergency contacts are also authorized pick-up people.

Anyone picking up the participant from the museum will need to present a photo ID with a first and last name that matches the information provided on this form.

Child Name: ________________________________________________________

Primary Contact

Name: ______________________________________________________________

Relationship to Child: ________________________________________________

Cell: ____________________________ Work: ____________________________

Email: ____________________________________________________________

Address: __________________________________________________________________

Emergency Contacts (2 Required)

Emergency Contact #1 Name: __________________________________________

Relationship to Child: ________________________________________________

Cell: ____________________________ Work: ____________________________

Emergency Contact #2 Name: __________________________________________

Relationship to Child: ________________________________________________

Cell: ____________________________ Work: ____________________________
Authorized Pick-Up Persons

Pick-Up Person #1 Name: ______________________________________________
Relationship to Child: _________________________________________________

Pick-Up Person #2 Name: ______________________________________________
Relationship to Child: _________________________________________________

Pick-Up Information

Pick-up will begin at 3:00 at the administrative building (same as drop off). Be prepared to present a photo ID at pick-up, even if you’re the person who drops off your child.

Your child MUST be picked up by 3:15. A late pick-up fee of $15 will be charged for pick-ups that occur after 3:15 and for every additional half an hour after that.

Parent/Guardian Name (Printed)________________________________________
Signature: __________________________ Date: ____________