

STEAM Camp Medical Form

Participant Name (Last, First):			
Birthdate:	Age:	Male/Female:	
Parent/Guardian Name	÷		
Cell Number:	Wo	rk Number:	
Address:			
Medical Conditions an	d/or Allergies:		
Dietary Restrictions:			
 Inhalers and/or Epip Coordinator/Program 		ckbox by the Education	
Aside from emergency use of an inhaler or Epipen, any medication that needs to be administered will need to be administered by the parent/guardian. Please go to admissions at the museum entrance and someone will escort your child to the front for you to give them their medication.			
 Please check below to your child during 		to the museum to administer medication	
\square I will NOT need to	administer medicatio	n to my child during Camp.	
☐ I WILL need to ad	minister medication to	my child during Camp.	
Time(s) for Medic	ation:		

•	Do you agree to letting Pima Air and Space Museum staff administer basic first aid (band aid for scraped knee, etc.)?			
	☐ Yes, PASM staff may administer basic first aid to my child.			
	☐ No, museum staff may NOT administer basic first aid to my child. Please			
	contact me or emergency contacts if you believe my child needs to be			
	administered basic first aid.			
•	For injuries requiring more than basic first aid (sprained ankle, deep cuts, etc), the museum will call the primary contact first, and then the emergency contacts if the primary contact does not answer.			
•	In the event of a medical emergency, museum staff will call 911 first and then contact the parent/guardian of the child.			
•	Is there any other information about your child that you would like museum staff to be aware of?			
 Pa	rent/Guardian Name: Date:			
Pa	rent/Guardian Signature:			