

## **Educational Programs Medical Information Form**

The parent or guardian of each child participating in Space Center Houston's Educational Programs must complete and sign this form prior to the individual's participation in the program.

NAME:	
DATE OF BIRTH:	Age:
I authorize the Space Center Houston Staff to arrang the minor named above. I understand that I will be in	- , ,
Parent or Guardian Signature:	
Relationship to Camper:	Date:
Best number to call during camp:	
Backup Emergency Contact Name:	Phone:
Please provide medical information, including allergi etc., that program supervisors should be aware of:	c reactions, current medications,
I hereby also grant, do not grant (check or permission to record my child's likeness on film, vide advertising purposes. No personal information about	eo, and or photograph to be used fo