

Authorization of Consent to Treatment of a Minor

Completion of this section enables parents to authorize emergency treatment for their children.

I, the undersigned, parent/guardian of _____, a minor, do hereby authorize S.T.E.A.M. Academy for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, hospital care or any other medical treatment which is deemed advisable by, and is rendered under the general or specific supervision of any physician and/or other licensed medical practitioner. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to S.T.E.A.M. Academy to give specific consent to any and all such diagnosis, treatment or hospital care which a physician or licensed medical practitioner may deem advisable under the general or specific supervision of any physician and/or other licensed medical practitioner. This authorization shall remain in effect for one year from this date ____/____/____, unless sooner revoked in writing and delivered to S.T.E.A.M. Academy. I hereby authorize my child/children to attend the S.T.E.A.M. Academy program at the designated location. I give S.T.E.A.M. Academy Lead instructor permission to take any necessary action in the event of an emergency.

Allergies _____

Activity Restrictions or Precautions _____

List any special needs or important info about your child's medical history/behavior

Liability Release-Accidental Injury

I, the undersigned, parent/guardian of _____, hereby acknowledge that my child/children and I freely agree to release and hold harmless S.T.E.A.M. Academy, and its affiliated entities, participating private entities, and/or any cooperating or sponsoring public entities and their respective officers, directors, shareholders, employees and/or agents from any liability for accidental personal injury or property damage which I or my child/children may suffer arising out of his/her participation in S.T.E.A.M. Academy's programs. I realize that video/photos may be taken at camp by S.T.E.A.M. Academy staff or others for fun memories and/or marketing purposes, and I give permission for my child/children to be included in such pictures and authorize S.T.E.A.M. Academy to use such video/photos and I understand that I will receive no compensation for any such use. If any field trip requires transportation, my signature also acknowledges my permission for my child/children to ride as a passenger in any vehicle owned, leased, or authorized by S.T.E.A.M. Academy and its participating entities or subsidiaries.

Parent/Guardian (print name)

Signature Today's Date _____