



INFORMATION FORM

NAME _____

Is this child currently in daycare/preschool/school? (circle one) Yes No

AGE: _____

Do they have a support worker? (circle one) Yes No

NAME _____

Is this child currently in daycare/preschool/school? (circle one) Yes No

AGE: _____

Do they have a support worker? (circle one) Yes No

NAME: _____

Is this child currently in daycare/preschool/school? (circle one) Yes No

AGE: _____

Do they have a support worker? (circle one) Yes No

Medical Alerts

Please list any medical conditions, allergies or illnesses your child(ren) we should be aware of:

Consent of Images

Your consent would be required for Kitimat Museum & Archives to publish pictures of your child. By checking “Yes, I agree.” below, I understand that I am giving consent to Kitimat Museum & Archives to use and disclose the image of my child(ren) for promotional and/or informational purposes such as brochures and flyers.

Yes, I agree **No, I do not agree**

By signing this form, I fully understand that I have waived all rights and claims against the Kitimat Museum & Archives and staff members for injuries suffered by the child/children during children's programming.

I also give the Kitimat Museum & Archives staff permission to be in care and control of my child/children both in and out of the museum for the duration of the program mentioned earlier.

Parent/Guardian: _____ **Phone:** _____
Please print

Signature: _____ **Date Signed:** _____