



Child's Name _____

Child's Name _____

Date _____

Child's Name _____

EMERGENCY CONTACT FORM

In the event of an emergency, please contact the following:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____

Does your child have any allergies or other medical conditions you would like us to know about? _____

CONSENT TO USE NAME, PHOTOGRAPHY, AND FILM VOICE ON RADIO, TELEVISION, INTERNET, AND PRINT MEDIA.

I, _____ the undersigned, do hereby fully and freely consent to the use
(name of parent/guardian)
 and re-use by Sloan Museum and Longway Planetarium of my children's name, photograph(s)
 and/or silent and sound film or video in conjunction with broadcasting, publicizing and advertising
 for Sloan Museum and Longway Planetarium and the right to use and license others to use and
 re-use the above cited material in the same manner.

X _____
Signature of Parent or Guardian

Permission to leave Longway Planetarium or Sloan Museum

We may leave the Planetarium or Museum building to do some activities outside. Our snack will be taken outside as well. If at the Planetarium, these activities will take place in the green space between The Repertory Theatre, Longway Planetarium and Flint Institute of Arts. We will also be in the garden space behind Longway Planetarium, and Durant Plaza between Sloan Museum and The Whiting, or at Applewood Estate.

X _____
Signature of Parent or Guardian

