



Participant Last Name: _____ Participant First Name: _____

**Authorization for Emergency Medical Care & Permission Form
Flint Hills Discovery Center**

In order to meet all legal requirements, I hereby authorize the staff of the **Flint Hills Discovery Center** to give consent for any and all necessary emergency medical care for my child (name) _____ while said child is in said custody between the dates of **January 1, 2025 and December 31, 2025**.

Furthermore, I hereby release Flint Hills Discovery Center, The City of Manhattan, its agents or employees, from any claim that the said participant may have, or other may have for injury that he/she might sustain during his/her participation in the program he/she is enrolled.

Furthermore, I hereby give Flint Hills Discovery Center, The City of Manhattan, and their representatives the permission to photograph and/or video said child for use only with Flint Hills Discovery Center promotional materials.

Signature of Parent/Guardian _____ Date

Witness _____ Date

Physician _____ Phone _____

Address _____

Hospital Preference _____

Emergency Phone Numbers:

Do you have health insurance? _____ Policy Name/Number _____

Do you receive medical assistance? _____ Program/Card Number _____

Is your child eligible for military medical care? _____ ID# _____

Food Allergies _____

Drug Allergies _____

Last Tetanus Toxoid _____