

ScienceArts

Discovering Science Through the Wonder of Art



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I, the undersigned, hereby authorize ScienceArts Incorporated, its employees, and agents, in an emergency when I cannot be contacted, to act on my behalf in regard to the health, safety, and well being of my child _____. If deemed necessary, this shall include taking him/her to the nearest emergency room or hospital. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well being of _____. I agree to release and indemnify ScienceArts, its employees, and its agents from any and all liability arising out of a good-faith decision made in this regard. Additionally, I agree and understand that I am fully responsible for all medical costs associated with the treatment of my child.

Signature _____

Date _____

Please provide the following information so that we may be fully capable of helping emergency personnel treat your child:

Pediatrician _____

Address _____

Phone Number _____

Health Insurance Provider _____

Policy Number _____

Group Number _____

Pre-certification Phone Number _____