

GREAT AMERICAN MUSEUM EXPERIENCE

MEDICAL RELEASE FORM

(required by The Ford Museum & Greenfield Village)

Parents/Guardians: Please return this completed form to your child's advisor by Monday, October 3, 2011.

Child's Name _____

Group: The Columbus Academy fifth grade

Parent/Guardian name _____

Address _____

City _____

Home Phone (____) _____ Work or Cell (____) _____

In case of emergency, I authorize any licensed physician, nurse, hospital, or Henry Ford Museum & Greenfield Village staff member to render medical treatment as may be deemed necessary/desirable.

Date _____ Parent/Guardian Signature _____