



Emergency Medical Authorization Form
 Buffalo Museum of Science
 1020 Humboldt Pkwy, Buffalo, NY 14211
 716-896-5200, ext 345 / Fax: 716-897-6723



PLEASE COMPLETE THIS FORM TO ENABLE MUSEUM STAFF TO ACT IN YOUR
 BEST INTEREST IN AN EMERGENCY SITUATION
 IT MUST BE SENT IN OR PRESENTED AT CHECK-IN

Over-Night at the Museum Date: _____

Attending Parent/Guardian Name _____

Name 1: _____ Date of Birth: _____

Physician: _____ Telephone: _____

Name 2: _____ Date of Birth: _____

Physician: _____ Telephone: _____

Name 3: _____ Date of Birth: _____

Physician: _____ Telephone: _____

Please list names and telephone numbers of two people (relatives, friends, etc.) to contact in the event of an emergency situation.

Name	Relationship	Phone

Name	Relationship	Phone

PLEASE LIST ANY MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS:

I understand in the event of an emergency, such as an accident or sudden illness, the *Buffalo Museum of Science*, under its discretion, may call 911.

I, the undersigned, _____ hereby authorize the *Buffalo Museum of Science* staff to use the above information if necessary and release the *Buffalo Museum of Science* and its directors, management, and employees of all responsibility for damages, injuries, deaths, losses, delays or cancellations due to any reason whatsoever in conjunction with the *(Over)Night at the Museum* event.

Signature	Date
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PHOTO RELEASE: I hereby allow the use of any photos or video of my family for publication purposes by the Buffalo Society of Natural Sciences. I understand that our picture or footage may be used in the Society's Newsletters, Program Guides, Brochures, Website, Annual Report, Project Reports and Promotional Videos that are strictly related to the Museum's marketing and communication efforts.

Parent / Guardian Signature	Date
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