

**Visitor Information and Associates' Reception Center
Behind-the-Scenes Volunteer Program**

Parent/Guardian Consent to Treatment

I/we the parent(s)/guardian(s) of _____ Acknowledge his/her participation in the Smithsonian Institution Behind-the-Scenes Volunteer Program.

Since this program is not being sponsored by the school which he/she attends, I/we recognize that student accident insurance would not be applicable in the event of accident or injury.

If a medical emergency occurs, every effort will be made to contact me/us or the person designated below; however, if I/we cannot be contacted immediately, the Smithsonian Institution or its agent or representative is authorized by me/us to request and authorize emergency treatment by a qualified physician, surgeon, or hospital as needed. I/we further understand that any medical expenses so incurred will be my/our responsibility.

Signature of parent(s)/guardian(s) _____ Date _____

Printed name of parent(s)/guardian(s) _____

Address of parent(s)/guardian(s) _____

Telephone (including area code) Day: _____ Eve: _____

Alternate person to contact: _____

Telephone (including area code) Day: _____ Eve: _____

Is your child/ward covered by a health insurance or personal accident (not automobile) insurance plan?
Yes _____ No _____

Name of insurance company _____

Policy number _____ Name of policy holder _____

Policy holder's date of birth _____ Child/ward's date of birth _____

Specify any allergies your child/ward has (drugs, foods, bee stings, etc):

Specify any prescription medications your child/ward is taking:

Specify any medical conditions of which we should be aware: