

**DAYTON INTERNATIONAL PEACE MUSEUM  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in Peace Camp Activities and release from all liability and indemnify the Dayton International Peace Museum (DIPM) and its officers, agents, representatives, volunteers and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with the Dayton International Peace Museum representatives in charge of the activity.
3. I appoint the leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
  - a. To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.
  - b. I understand that the agents of the DIPM will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.
4. This power of attorney shall lapse automatically upon completion of the activity and related travel.
5. I agree that the DIPM or its agents may use my child's portrait or photograph for promotional purposes and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian \_\_\_\_\_ Date / /

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

\*\*\*\*\*

**Medical Information—Completed by Parent or Guardian—Please Print**

Child's Name \_\_\_\_\_ Birth Date: / /

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g., epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Ph \_\_\_\_\_ Dentist \_\_\_\_\_ Ph \_\_\_\_\_

**(OVER, please)**

## DIPM Child Pick-up Information

In order to protect your child(ren), we will maintain strict security at the end of each camp day. Children will be released **ONLY** to **DESIGNATED** parents or caretakers, and **IDENTIFICATION WILL BE REQUIRED** before the child can be released.

1. My Child will be picked up by the same person each day. Yes/No (Please circle one.) (If no, proceed to #2.)

Full Name of Person authorized to pick up my child:

---

Relationship to Child:

---

Phone number where pick-up person can be reached: \_\_\_\_\_

2. My Child will be picked up by different people on different days. Yes/No (Please circle one.)

Monday pick-up person: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

Tuesday pick-up person: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

Wednesday pick-up person: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

Thursday pick-up person: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

Friday pick-up person: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone number \_\_\_\_\_

3. Please **DO NOT** release my child to the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Distinguishing Characteristics \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Distinguishing Characteristics \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Distinguishing Characteristics \_\_\_\_\_

In the event that the person designated to pick up your child on a given day cannot do so, please indicate this when dropping the child off in the morning, or phone 227-3223 and explain the situation. A substitute pick-up person **MUST** be designated for the day.