

Field Museum Group Overnight Child Permission Form

Group Leaders should make and keep a copy of each child's permission form for their records.

Date of the Overnight _____

Group Name _____

Child's Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone Number () _____

Physician's Name _____

Physician's Phone Number () _____

Medical or special considerations _____

Parent/Guardian Name _____

Parent/Guardian Phone Number () _____

Will this child's parent/guardian be attending the Overnight? Yes _____ No _____

Emergency Contact (someone not attending the Overnight)

Name _____

Relationship _____

Phone Number () _____

Waiver: I understand that by signing this form, I do not hold The Field Museum, The Chicago Park District or their employees responsible for injury during the Overnight hours.

Parent/Guardian Signature _____

I would like to receive more information about Field Museum programs via email.

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