



Lederman Science Center  
 Education Office  
 Workforce Development and Resources Section  
 630.840.8258  
 630.840.2500 fax  
 ed.fnal.gov

## Fermilab Student Science Adventures Permissions

To be completed and signed by parent or guardian.  
 Children must return this form as they arrive for each adventure.

Science Adventure: \_\_\_\_\_

Date of Class/es: \_\_\_\_\_

Children's Names: \_\_\_\_\_

\_\_\_\_\_

**Medical Statement:** If medical needs arise, we will provide your child with necessary first aid/or transportation to the Fermilab Medical Office. We will contact you immediately at the emergency number below.

**Transportation:** Some adventures require students to walk or be transported to study sites on Fermilab property.

**Delivering and Picking Up Students:** We cannot be responsible for childcare either before or after a science adventure. We expect a responsible adult to drop off and pick up children. In case of an *emergency*, please notify the receptionist at 630-840-8258 (and she will notify your child). We may be able to accommodate short delays so you have time to arrange for another adult to drop off or pick up your child.

**Photo Release:** Photos or video may be taken during classes, which Fermilab may use for a variety of purposes. No names of students will be included without additional permission. Please indicate if you give permission for your child to be photographed and images used.

\_\_\_\_\_ Permission granted                      \_\_\_\_\_ Permission denied

**Special Needs:** Please note any medical conditions, physical, learning or behavioral challenges that we should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

**Emergency Phone Number(s):** Indicate which phone number you or a relative will answer if an emergency arises while your child is participating in a science adventure at Fermilab.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_