



Emergency/Release Form

Please fill out one emergency release form for EACH student.

Mail or fax emergency/release form to:
EDUCATION DEPARTMENT
Mel Fisher Maritime Museum
200 Greene Street
Key West, FL 33040
FAX: 305-294-5671

Student's Name: _____

Emergency Contacts (please provide at least 2):

Name:	Phone:	Relationship:
_____	_____	_____
_____	_____	_____

Student may be picked up by the following individuals:

Name:	Phone:	Relationship:
_____	_____	_____
_____	_____	_____

Please list any medication the student is currently taking: _____

Does the student have any physical disabilities, limitations, or allergies? _____

By signing below, I am consenting to the following things:

- I am granting permission for the staff of MFMM and/or Reef Relief to act on my behalf should a medical emergency arise with my child.
- I am granting permission for the student's picture to be taken which may be used in news and museum publications, and then becomes the property of MFMM.
- I am granting permission for my child to participate in activities at the MFMM and/or Reef Relief.
- I am aware it is my responsibility to report any change in address and/or phone number to the MFMM staff for emergency purposes.

Signature

Relationship

Date