



## 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? \_\_\_\_\_

Please describe the student's comfort level with water and skill with water activities.

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

- I am granting permission for the staff of MFMM 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.
- 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