



Vacation Art Program EMERGENCY & INFORMATION FORM

Child Name _____ Sex ____ Birth date _____ School _____ Grade Fall 11 _____

2nd Child Name _____ Sex ____ Birth date _____ School _____ Grade Fall 11 _____

Parent Name _____ Home Phone _____ Cell/Work _____

Parent Name _____ Home Phone _____ Cell/Work _____

Parent Email(s) _____

Request to Be With: _____ (we do our best to accommodate all students, though please respect our judgment in group placements)

Doctor Name _____ Health Insurance Provider _____ Phone _____

Emergency Contacts: *(in case guardians are unavailable)*

First: _____ Phone _____ Relationship _____

Second: _____ Phone _____ Relationship _____

Student Information:

Pertinent information regarding child (i.e. parents/family, major life changes, new student, etc.)

Does your child have any social and/or behavioral issues that we should be aware of?

Are there any activities in which your child's participation needs to be limited?

Does your student have any concerns regarding the art program? Yes No If yes, what?

Do you as parents/guardians have any concerns regarding the art program? Yes No If yes, what?

What do you want most out of camp this summer for your child?

What are your child's favorite art program activities?

What are your child's hobbies and interests?

Any additional information you would like to share?

Medical/Allergy Information Please list any medical issues, illnesses, or allergies that might affect your child's participation in the program:

Medication Consent (complete only if your child requires prescription medications to be administered while at the NAC) **102 CMR 7.05(2)(c)**

Name of medication: _____ Dosage: _____

Please Circle: Prescription Non-Prescription

Date to be given: _____ Time to be given: _____ Reasons for medication: _____

Possible side effects: _____

Prescribing Physician: _____ Physician Phone: _____ Directions for storage: _____

PLEASE PICK UP ALL MEDICATIONS AT THE END OF THE WEEK!

I, _____ (parent or guardian) give permission to authorized staff member(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date

Physician Signature for non-prescription medication

Please check the following:

I hereby ___do/do not___ give permission for my child to receive medical treatment and/or transportation to a hospital in the event of an emergency requiring medical attention.

I hereby ___do/do not___ give New Art Center staff/faculty to escort my child onto the green at Washington Park for recess or outdoor art activities.

Pick-Up Authorization

The New Art Center will only release your child(ren) to those people listed below (other than parent/guardian listed above). The following people have my permission to pick up my child from the New Art Center:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please Note: if, on any given day, people other than those noted on this form are picking up your child(ren), we must have advanced notice in writing. Please send written note with your child in the morning.

Release of Liability

I assume all risk of injury to my or the student's person or property connected with the student's participation in the program. I intend to fully release the New Art Center and all of its affiliated entities, past and present officers, directors, agents, representatives, employees, contractors, landlords, lessors, lessees, indemnitites, attorneys, and insurers and the successors and assigns of any of them (collectively known as the "New Art Center Releasees"), from any and all claims, suits, losses, or expenses of any kind and from liability for injuries, death, losses, and damages of any nature whatsoever. I intend that this Release be binding at to all losses or damages of any nature whatsoever. I intend that this Release be binding as to all losses or damages result from the negligence of the New Art Center Releasees or not.

I state and acknowledge that: I have read this agreement, know its contents, understand the meaning, intent and final and binding effect of this agreement, freely and voluntarily agree to all its terms and conditions, and sign it completely voluntarily with the intent of releasing the New Art Center Releasees from all claims.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____