



ARTS IN ACTION EMERGENCY FORM

Child Name _____ Sex ____ Birth date _____ School _____ Grade Fall 10 _____
 2nd Child Name _____ Sex ____ Birth date _____ School _____ Grade Fall 10 _____
 Parent Name _____ Home Phone _____ Cell/Work _____
 Parent Name _____ Home Phone _____ Cell/Work _____
 Parent Email(s) _____
 Doctor Name _____ Phone _____
 Health Insurance Provider _____
 Emergency Contact _____ Phone _____ Relationship _____
 Emergency Contact _____ Phone _____ Relationship _____
 Request to Be With: _____

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

Behavioral/Learning Information *Please list any information regarding your child's learning style or behavior that may help us facilitate the best learning environment.*

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 permission to administer prescription medication to my child.

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 following people have my permission to pick up my child from the New Art Center:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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, indemnities, 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 as 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 _____