

ArtsConnect Summer Camp Medical Release and Health History

CHILD'S NAME:

Child's Birthday: _____ Age: _____ Sex: _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

E-Mail _____

Parent/Guardian:

Parent Name: _____

My Phone Number while named child is at camp (if different from above)

(_____) _____

EMERGENCY:

Person to contact in the event I cannot be reached

Relation: _____

Phone number of emergency contact person: (_____) _____

HEALTH & GENERAL HISTORY:

If the child should be restricted from any activity please note:

Date of last Tetanus shot (Month/Year): _____

My child has all immunizations up to date. Yes _____ No _____

Signature of Custodial Relationship Parent/Guardian:

_____ Date: _____

What medications is the child currently taking? Please list:

If the Child will be taking medication during camp, please indicate name of drug and dosage: _____

(Please attach a doctor's note permitting the Director to dispense the prescribed dosage.)

If your child requires an EpiPen, please give it to the Camp Director with a doctor's permission note to give the shot if needed. Please identify any medical condition or medical history that would require special attention:

Please list any food or material allergies: (*We provide a healthy snack and use many supplies, including the use of latex gloves in art classes) _____

I hereby certify that the named child is in good health and fully able to participate in all activities of the Arts Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Dated: _____ Parent or Guardian: _____

Physician's Name:

_____ Telephone _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____ I, the

parent (guardian) of _____, give permission

for the named child to receive emergency medical or surgical treatment and

hospitalization if necessary. I understand that every attempt will be made to contact

me, or the emergency contact named above, before taking this action. I will be

financially responsible for any medical attention needed during camp or resulting from

an injury received at camp. My medical insurance shall be the insurance coverage for

any medical treatment.

Parent or Guardian: _____ Dated: _____

Preferred Hospital In Case of Emergency: _____

PERMISSION TO TREAT

ArtsConnect requires any child participating in camp to have access to medical treatment should an emergency situation arise.

If my child should need medical assistance or treatment while participating in the ArtsConnect Summer Camp, I grant consent to the ArtsConnect Summer Camp staff or their designated representative(s) to administer or secure medical assistance and/or any other action as may be deemed prudent, including, without limitation, referral to licensed medical personnel or transfer to the appropriate hospital or medical facility

Parent or Guardian: _____ Dated: _____

REFUSAL TO TREAT

I **DO NOT** grant permission to the ArtsConnect Summer Camp staff or their designated representative(s) to administer or secure medical assistance to treat my child.

Parent or Guardian: _____ Dated: _____

Participation Liability

Liability

During this camp, your child will be learning the various art techniques. Although students will be instructed on the proper techniques and the importance of safety, neither Springfield Township, ArtsConnect nor the instructor of this course can or will supervise all activities at all times to ensure safety. Accordingly, by signing below and by participating in this program, you agree that your child will be solely responsible for their activities during this class, that they will use any materials, tools, and equipment in a safe manner, and that you will hold Springfield Township, its employees and officials, ArtsConnect and the instructor harmless for any accidents or injuries which may occur during, as a result of, or in any way related to participation in this camp.

Parent or Guardian: _____ Dated: _____

REFUSAL Participation Liability

I **WILL NOT** agree that my child be solely responsible for the use any materials, tools, and equipment in a safe manner during program activities.

Parent or Guardian: _____ Dated: _____

Permission to Photograph

ArtsConnect may at times photograph class and class participants for use in publicity, marketing, the website, social media and other activities related to the marketing of ArtsConnect. By signing below, you are granting ArtsConnect permission to use the individual's image in such activities as stated above.

Parent or Guardian: _____ Dated: _____

REFUSAL to Photograph

I **DO NOT** grant permission to photograph my child while participating in any activity at ArtsConnect Summer Camp.

Parent or Guardian: _____ Dated: _____