

EMERGENCY MEDICAL FORM – K12 GALLERY SUMMER 2011

An Emergency Medical Form must be submitted for each child attending youth art camps. This form should be completed and returned to K12 Gallery prior to the start of the camp OR can be turned in when the participant checks in for his/her first day of camp.

PARTICIPANT INFORMATION

Child's Last Name _____ Child's First Name _____ Middle Initial _____

Date of Birth _____ Grade entering in Fall 2011 _____

Home Phone _____ Home address _____

City _____ State _____ Zip code _____

Mother/Guardian's name _____ Father/Guardian's name _____

Place of work _____ Place of work _____

Work phone _____ Cell phone _____ Work phone _____ Cell phone _____

My child is registered for the following camp(s):

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

HEALTH

List known allergies, physical impairments, or other medical conditions of which Art Camp staff should be aware:

List relevant medications, dosages, and instructions for administering:

Family Physician Physician's phone _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency and the parents or guardians cannot be reached, please list at least two other emergency contacts. Please advise the persons listed that you have designated them as emergency contacts for your child. These are also the only persons who will be picking up or dropping off your child to K12 Gallery.

1. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: Relationship to Child:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event of an accident, injury, or sudden illness, I give consent for my child to receive emergency medical treatment, including emergency medical transportation, by a healthcare professional.

Signature of parent/guardian _____ Date _____