



ArtTastic Summer Camp

Child Information Sheet

Student's Name _____ Age _____

Parents Name(s) _____

Email _____ Phone # _____

Address: _____

Student's Food Allergies

Other allergies/health conditions (please be specific in listing allergies, conditions, and reactions):

If your child is on any medications,* please list them:

During the camp, we may be taking photos of the students as they participate in activities. Please check the boxes for the categories that you give us consent to use the photos in promoting and advertising Access Arts' programs:

Print ___ Web ___ Promotional displays at events ___

In the event of an emergency, do you give permission for your child to receive medical treatment?***

Yes ___ No ___

In case of an emergency, please tell us who to contact:

Name _____ Phone # _____

Please select the camp(s) you are registering for:

- | | |
|--|--|
| <input type="checkbox"/> July 1-5: Pioneer Days | <input type="checkbox"/> July 22-26: Inside Out and Back Again |
| <input type="checkbox"/> July 8-12: Winged Sensations | <input type="checkbox"/> July 29-Aug. 2: Fish in a Tree |
| <input type="checkbox"/> July 15-19: Ancient Civilizations | <input type="checkbox"/> Aug. 5-9: Endangered Species |

Parent Signature _____ Date _____

*Access Arts staff and volunteers will not administer any medications. In the event of an emergency, this information will be given to medical personnel

**Access Arts does not provide medical insurance for camp participants. Parents or caregivers are responsible for providing such insurance and for payment of any medical expenses for a child not covered by insurance.