



# Child Information Sheet

Please complete a separate sheet for each child. The Child Info Sheet is valid for 1 year and may be updated anytime by the parent or legal guardian

### General Information

Student Name \_\_\_\_\_ Age \_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Address if different: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Photo Consent

We may take photos of the students as they participate in activities.

I give consent to Access Arts for use of photos that include my child for the following:

Print \_\_\_\_ Website \_\_\_\_ Social Media \_\_\_\_

### Health, Medical, & Adaptive Needs

Please list any special or adaptive needs for your child? \_\_\_\_\_

Health Conditions and Allergies: Please be specific in listing **food** and **environmental** allergies, conditions, and reactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications\* your child takes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you give permission for your child to receive medical treatment in the event of an emergency\*\*?

Yes \_\_\_\_ No \_\_\_\_

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.

<b>For Office Use Only:</b> Checked In: _____ Expiration Date: _____ Renewal: _____ Renewal: _____ Renewal: _____ Auth Release: _____	Programs: School's Out _____ Summer Camp _____ 6-week classes _____ Artful Afternoons _____ Homeschool _____	Notes:
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Student Name: