



SCHOOL'S OUT!

Child Information Form

(Separate forms must be completed for each child)

Student's Name _____ Student's Age _____

If you are signing up for one or more single dates, please mark which one(s)

If you are signing up for a "Pick 4" package, please pick four dates

September 24, 2018

January 21, 2019

November 5, 2018

February 15, 2019

November 6, 2018

February 18, 2019

November 16, 2018

March 1, 2019

If you are signing up for Spring Break (March 25-29) please mark here:

Is your child on any medications? * Yes No

If yes, list medications: _____

List any food allergies: _____

List any other allergies or health conditions (please be specific in listing conditions and reactions):

During the School's Out program, we may be taking photos of the students as they participate in the activities throughout the day. Please place a check mark next to each category for which you give your consent for us to use these photos in order to promote and advertise 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 such emergency, please provide the following emergency contact information:

Name: _____

Phone # _____ Email: _____

Parent's Signature: _____ Date: _____

*Access Arts staff & 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 for any medical treatment expenses for the child that are not covered by insurance.