



CHILD INFO 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, AND 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.

Student Name:

| | | |
|--|--|---|
| <p>FOR OFFICE USE ONLY: Checked In: _____ Expiration Date: _____ Renewal: _____ Renewal: _____ Renewal: _____ Auth Release: _____</p> | <p>PROGRAMS: School's Out: _____ Summer Camp: _____ 6-Week Classes: _____ Artful Afternoons: _____ Homeschool: _____</p> | <p>NOTES: Entered On: _____</p> |
|--|--|---|