



STUDENT INFO SHEET

Please complete a separate sheet for each student. The Student 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: _____

FOR OFFICE USE ONLY:

Checked In: _____
Expiration Date: _____
Renewal: _____
Renewal: _____
Renewal: _____
Auth Release: _____

PROGRAMS:

School's Out: _____
Summer Camp: _____
6-Week Classes: _____
Artful Afternoons: _____
Homeschool: _____
Workshops: _____

NOTES:

Entered On: _____

