

Medical Release & Emergency Contact Form
City Arts Center

PLEASE PRINT:

Child's Full Name: _____ Date of Birth: _____

Emergency Contact: _____

Relation: _____

Daytime Telephone: _____ Cell: _____ Alternate: _____

Preferred Hospital: _____ Physician & Phone: _____

Additional Authorized Person(s) to Pick Up Child: _____

List any **medical conditions** or **allergies** that City Arts Center should be aware of. Please list:

Directions for medication, etc. _____

Does your child have any **special needs** or require **special assistance**? _____

MEDICAL

The child listed above has my permission to participate in all camp activities and is in good health. I give permission for the designated CAC representative to administer over the counter or prescription medication as directed.

I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against City Arts Center, its employees, Board of Directors, volunteers, campers and cooperating entities for and against any and all injuries and damages of any nature, which my child may suffer while taking part in camp or other activities associated with this camp.

In case of a medical emergency, after every reasonable effort has been made to contact me or the child's physician, I hereby give my permission to the Emergency Medical personnel contacted by City Arts Center to secure treatment for, hospitalize and order injection, anesthesia or surgery for my child. I also authorize City Arts Center to provide a copy of this form to proper medical personnel for purposes of treating my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay all expenses incurred in such emergency treatment. _____ **Initials**

POLICIES & PROCEDURES

As a parent, I have read all information concerning City Arts Center Camps and give my child permission to be active as a participant in the camp. I understand that my child will be asked to participate fully in all activities and will be expected to abide by all rules and policies as stated in the parent packet of the camp. I understand that City Arts Center is not responsible for lost, stolen or damage of personal property while my child is at camp.

I give my **permission** for my child to have **photographic and/or video images** taken while at City Arts Center Camps for fundraising and publicity purposes. Consent is given to City Arts Center employees, agents and cooperating entities to use the child's name, picture, likeness, artwork, and recordings for use in any media for editorial, educational, promotional or advertising purposes in furtherance of the purposes and objectives of City Arts Center without compensation for such usage. I waive the right to inspect or approve finished product including written copy. _____ **Initials**

PRINT Name of Parent/Legal Guardian: _____ **Date:** _____

Signature of Parent/Legal Guardian: _____ **Date:** _____