

**Art Camp
Health and Emergency Information**

Student's Name: _____
In case of emergency notify:

Name: _____

Relationship to student
(examples: mother, father, guardian, grandmother): _____

Home Address: _____

Work Address: _____

Day Phone: _____

Evening Phone: _____

Name: _____

Relationship to student
(examples: mother, father, guardian, grandmother): _____

Home Address: _____

Work Address: _____

Day Phone: _____

Evening Phone: _____

Name: _____

Relationship to student
(examples: mother, father, guardian, grandmother): _____

Home Address: _____

Work Address: _____

Day Phone: _____

Evening Phone: _____

DID YOU COMPLETE THE OTHER PAGE?

**Art Camp
Health and Emergency Information
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Student's Name: _____

Family Doctor: _____

Doctor's Phone: _____

Medical
Insurance Company: _____

Policy Number: _____

1. If my child complains of a headache, you have my permission to give them Children's Tylenol.

Yes _____ No _____

2. If my child has a small scrape or abrasion, you may apply a topical antibiotic (Mycitracin or Neosporin).

Yes _____ No _____

3. My child is under a doctor's care for the following illness(es):

In the event my child requires medication, I give permission for the program director or assistant to administer the prescribed medication listed below. (All medications must be in their original bottle with the written directions attached.)

List your child's known allergies.

Signature of Parent
or Legal Guardian _____ Date _____

Your relationship to the student
(examples: father, mother, guardian, grandmother) _____

DID YOU COMPLETE THE OTHER PAGE?