

Art...Make It Real

Emergency, Medical, and Legal Consent Form

Name of Student _____ Birth Date _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____

Relationship to Child _____

Home Address: _____

Email _____

Work Phone _____

Cell Phone _____

Parent/Guardian _____

Relationship to Child _____

Home Address: _____

Email _____

Work Phone _____

Cell Phone _____

PICK UP AUTHORIZATION

AUTHORIZED REPRESENTATIVES

The following people have permission to pick up my child from Art...Make It Real programs:

1. Name _____ Phone _____

2. Name _____ Phone _____

All authorized persons will be asked to present a photo ID upon pick-up. This list may be changed or added to at any date with written notice.

ALLERGIES

Please list any allergies including food, insect, and drugs:

EMERGENCY CONTACTS

1. Name _____ Phone _____

2. Name _____ Phone _____

MEDICAL INFORMATION

Health Insurance Plan and # _____

Name and Phone # of primary physician _____

Does your child have any medical conditions? ___ YES ___ NO If yes, please explain:

Has your child been recently hospitalized for any reason?

Is your child receiving any medication? Please note that Art...Make It Real staff cannot administer medication. This information is required for emergency personnel.

YES NO If yes, please explain:

If my child becomes ill or is injured and I cannot be contacted, I authorize Art...Make It Real staff to call for emergency medical transport and I authorize medical personnel to treat my child. I accept responsibility for any expenses incurred in the medical treatment.

YES NO

I have read and understand the General Policy Information and Registration Information as documented on the Art...Make It Real website, including the following Publicity Policy and the Child Pick-Up Policy.

YES NO

PUBLICITY CONSENT

During art classes, workshops, and programs there may be occasional photographs and video taken of students demonstrating their artwork. These may be shared on the Art...Make It Real website or local media. There may be some audio of children talking about their artwork. Photographs and video may include groups or individuals. First names may be used. For student privacy last names will never be published. Even though we are taking these precautionary steps to insure privacy, we want you to be comfortable with it. Thank you for your cooperation and help highlighting the good work and efforts of our young artists.

I give permission for my child to be in pictures and video.

I do not give permission for my child to be in pictures and video.

Parent/Guardian's Name _____ Date _____

Signature _____

Art...Make It Real
105 Church Street
Whitinsville, MA 01588
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