

Medical Information and Release Form / Photo Release Form

Last Name: _____ First Name: _____ Age: _____

Address: _____

City, State, Zip: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Please list the numbers where you can be reached in case of emergency.

Parent/Guardian Name(s): _____

Cell Phone: _____ Work/Home Phone: _____

Cell Phone: _____ Work/Home Phone: _____

Please list the name and phone number of two parties who may be called if the parent/guardian(s) cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

STUDENT MEDICAL INFORMATION

Please list any health conditions or allergies that your child has:

Please list any medications that your child is taking:

Family Physician: _____ Phone: _____

Date of student's last tetanus shot: _____

Medical Insurance Company: _____

ID#: _____ Group ID: _____

Insurance Company Phone: _____

Insurance Company Address: _____

I/We hereby authorize representatives of North Hills Art Center to act as my/our agent to secure medical emergency treatment for the above-named student. I/We further agree to hold the North Hills Art Center and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment, and said representatives are specifically authorized to sign any required emergency hospital treatment forms on our behalf.

Please check this box if you DO NOT grant permission to the NHAC to take and use visual images of your child while at art camp.

Parent/Guardian Signature: _____ Date: _____

This form must be submitted by or on the first day of camp.