

# Emergency Information Form

## Creative Adventures Artistic Programs

Dear Parent/Guardian: Please bring this completed form to the first day of your child's class.

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

To ensure the safety and health of all children, we request that the following information be provided for purposes of emergency assistance should it be required. **Please note that this form must be completed with all information and signed by a parent or legal guardian prior to participation in program activities.**

Child's Name: \_\_\_\_\_ Age / DOB: \_\_\_\_\_

Mother's Name\*: \_\_\_\_\_ Mother's Phone #: ( ) \_\_\_\_\_

Father's Name\*: \_\_\_\_\_ Father's Phone #: ( ) \_\_\_\_\_

Add'l Emergency Contact: \_\_\_\_\_

Add'l Emergency Contact Phone #: ( ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone #: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

\* Please make a notation if a legal guardian.

Please list any special considerations (Allergies, Asthma, etc.) \_\_\_\_\_

Is your child currently under the care of a physician? Yes No

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### Authorization for medical treatment:

I hereby give permission to the Program Instructors to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Guardian or Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Child pickup at end of each session**

At the end of each session, your child will only be released to the following list of persons.

Please note that a picture ID is required of the individuals at time of pickup:

Name: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

**Advertising and Promotion**

Creative Adventures frequently use pictures and/or video of program events for purposes of brochures, newsletters, website and other media related to promotion of the program. Would you be willing to allow your child's image to be used for these purposes? **Yes No**

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**WAIVER & LIMITATION OF LIABILITY**

Please accept the above named child as a VOLUNTARY PARTICIPANT in the above referenced Children's Artistic Program. I freely accept and voluntarily assume all risks of injury and understand it is impossible to predict every situation that might arise through my child's participation. I elect to have my child participate in spite of these risks. I do hereby release, indemnify, and hold harmless Creative Adventures, the Program Directors and their agents, employees, organizers, and participants from any liability / accident claims in case of injury to my child. I do, likewise, release them from any and all present and future claims resulting from ordinary negligence on their part. Also, I assume full responsibility and certify my child is in good physical and emotional health and is capable to participate in this activity. I have read and fully understand the contents of this waiver and I am signing it on behalf of my child. I realize it is binding, now and forever, on myself, my children, my heirs, and assigns.

Guardian or Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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