

Emergency Contact Form Youth Programs

Student Name _____ **Date of Birth** _____ **Age** _____

Primary Emergency Contact

Name _____

Address _____

Cell phone _____

Work phone _____

Relationship _____

Secondary Emergency Contact

Name _____

Address _____

Cell phone _____

Work phone _____

Relationship _____

Please list all known allergies (i.e. foods, medications, bees, etc.)

Please list all known medical conditions (i.e. asthma, attention disorder, learning disabilities, etc.)

Please list all medications your child takes, including doses, frequency, and purpose.

Please list any activity restrictions your child may have.

Is there other information you would like to share about your child's health or well-being?
(Please feel free to use the reverse of this form.)

Permissions

- ☐ I give consent for my child to be treated by a physician in the event of a medical emergency whereby the emergency contacts cannot be reached. I also give consent to release medical information to healthcare providers in the event of necessary care.
- ☐ I give consent for my child to leave the campus of the Maine College of Art, under supervision, for inclusion in field trips, lunch in our Green Space, and/or off-campus art instruction.
- ☐ I understand that photos of students and their work taken during the program may be used in future publications to promote the program. Children's names will never be used.

Pick Up Authorization: My child may be picked up by the following adults. Please print clearly.
We reserve the right to ask for ID at pick up.

Parent/Legal Guardian Signature _____ Date _____