

Student Emergency Information Form



Artistic Programs

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: _____

Parent's Name*: _____ Cell #: () _____

Parent's Name*: _____ Cell #: () _____

* Please make a notation if a legal guardian.

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 list any special considerations (Allergies, Asthma, etc.) _____

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

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:** _____

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 # () _____

Use of Photographs and Videos

DMA may take photographs of classes, lessons, recitals and events for promotional use in on-line and print materials. It is our policy not to include the names of children in any captions. If you would like us to **NOT** use any images of yourself or a family member, please let us know in writing or by email.

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 Discover Music And Art, 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:** _____