



# Medical and Emergency Information & Activity Release Form for:

The child named on this form is in good physical condition, and is capable of walking, climbing stairs, and performing those physical tasks which are normally associated with a visual art class such as painting, sculpting, cutting and pasting.

### ALLERGIES

Please identify any allergies, including food allergies, this child has that should be taken into account by the faculty and staff of the Dover Art League while the child is attending a summer class. **Please write None if there are no allergies.**

Please use the back of this form if you need more space

### MEDICAL CONDITIONS

Please identify any medical conditions (including ADHD) this child has that should be taken into account by the faculty and staff of the Dover Art League while the child is attending a summer class. **Please write None if there are no medical conditions.**

Please use the back of this form if you need more space

### MEDICATIONS

Dover Art League faculty and staff are not permitted to disperse medications. However, please identify any medications this child has that should be taken into account by the faculty and staff of the Dover Art League while the child is attending a summer class. **Please write None if there are no medications.**

Please use the back of this form if you need more space

Student

### EMERGENCIES

In the event of a medical emergency or an issue with the student listed on this form, the Dover Art League should contact:

Primary contact \_\_\_\_\_

1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Secondary contact \_\_\_\_\_

1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

### PERMISSION TO CALL

The Dover Art League is hereby authorized to contact emergency medical, police, or fire service agencies on this child's behalf in the event of an emergency.

Please intial \_\_\_\_\_

### ALTERNATIVE DROP-OFF OR PICK UP ID

The persons listed below may pick up or deliver this child to/from the summer class.

Relationship to student \_\_\_\_\_

Relationship to student \_\_\_\_\_

### FIELD TRIP AUTHORIZATION

I hereby give permission for the student named on this form to take part in the summer classes at the Dover Art League, including walking trips within a mile radius of the Dover Art League for the purposes of visiting museums and other art related activities. This child is in good health, and is capable of such activity. I understand that walking and other activities associated with the art league's summer camps have inherent risk factors. Appropriate precautions will be taken for the safety of the the child named.

However, I have authority on behalf of the child named to release, and I do release the Dover Art League of any and all responsibility for the child named, except for injury to the child named caused by the actual negligence of a representative of the Dover Art League.

Print name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_