

MEDICAL EMERGENCY & CAMP CONSENT FORM

- Please Note: If your child is attending more than one week of camp, a form needs to be filled out for each week of attendance.

This form authorizes my written consent for my child (**write name**) _____ on the week of (**list the date of camp**) _____. I HEREBY GIVE PERMISSION FOR THE Kimball-Jenkins School of Art to give my child (**write name**) _____ simple first aid when necessary or in the event of a serious accident and for my child to be transported to an emergency medical facility to receive medical treatment. I authorize ambulance/ rescue squad attendants to administer such treatment as is medically necessary and for the hospital personnel to undertake examination and emergency treatment if warranted.

Parent/ Guardian Signature: _____ Emergency

Phone: _____ Date: _____

PHOTOGRAPHIC RELEASE: PLEASE NOTE: CHILDRENS' NAMES ARE NOT LISTED WITH THEIR PICTURE.

- **I hereby give permission** to the staff of the Kimball-Jenkins Estate or authorized individuals (including newspapers, television or other media outlets) to take photographs

(still or video) of my child (**write name**) _____

These photos will be used for informational and promotional materials only and under no circumstances will be sold or distributed for sale. Parent/ Guardian PRINTED NAME: _____

Parent/ Guardian Signature : _____

- I would **prefer not to have my child photographed** during his/ her participation in programs operated by Kimball – Jenkins School of Art.

Parent Guardian PRINTED NAME: _____

Parent Guardian Signature: _____ Date : _____

- Please Check here _____ if your child can have popsicles at camp. Please sign here if your child cannot have popsicles at camp _____.
- Please check here _____ if your child can have candy at camp. Please sign here if your child **cannot** have candy at camp _____.
- Please list any food or drink your child **cannot** have at camp:
_____.
- Does your child have any known allergies: If so, please list here:
_____. If not, please write NKA (No Known Allergies) and initial here: _____