

# SUMMER ART CAMP MEDICAL RELEASE

Please complete and submit with your camp registration.



ART ADVENTURE (ages 3 – 6)  7/10 – 7/14

DISCOVER ART (1st – 5th Grade)

Art in Nature | 7/17 – 7/21  Art in Innovation | 7/24 – 7/28  Art in Performance | 7/31 – 8/4

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Photo Release:** *I grant the Chehalem Cultural Center the right to take photographs and/or videotape my child in connection with this event. I authorize the Chehalem Cultural Center to use such photographs or videos for any lawful purpose, including publicity, illustration, advertising, and Web content.*  I AGREE  I DO NOT AGREE

**Medical Waiver:** *Should injuries occur during or as a result of participation in any Culture Camp, class, or workshop, I agree to indemnify and hold harmless the Chehalem Cultural Center and all employees, instructors, and volunteers connected with the Chehalem Cultural Center.*  I AGREE

**Medical Treatment Waiver:** *As parent/guardian, I give the Chehalem Cultural Center permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will be made by staff to contact myself and/or the emergency contact person in the event of a medical emergency.*  I AGREE

**Medication Waiver:** *Designated Culture Camp Staff will dispense medication under physician's orders. Under statute ORS 30.800 and 30.807 (which state that all medications must be in a prescription container, clearly labeled with the child's name, type of medication, dosage and times to administer medication), please administer medications to my child in the manner described by the physician's orders.*  I AGREE  I DO NOT AGREE

**Medications:** List any medications and when they are taken.

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**Designated Party:** *I agree to pick up or deliver my child to Culture Camp. I understand that if I, or the person I designate below, is unable to pick up my child I will provide a permission form to authorize another adult to pick up my child from Culture Camp.*

I AGREE  I DO NOT AGREE

**Designated Person(s) and Phone Number(s):** *I authorize the following named person(s) to pick up my child from Culture Camp.*

\_\_\_\_\_ Phone(s): \_\_\_\_\_

\_\_\_\_\_ Phone(s): \_\_\_\_\_

\_\_\_\_\_ Phone(s): \_\_\_\_\_

**Food Allergies:** *Please list all allergies to food, insects, medications, etc. Please list all food restrictions (i.e. vegetarian, kosher)*

\_\_\_\_\_

**Allergic Reactions:** *Describe allergic reactions and their severity.*

\_\_\_\_\_

**Limitations:** *List any physical limitations or restrictions.*

\_\_\_\_\_

\_\_\_\_\_

**Behavioral:** *Describe any behavioral, mental, or emotional issues that may pose a challenge to group learning.*

\_\_\_\_\_

\_\_\_\_\_

**Other Information:** *Is there anything else you would like us to know about your child?*

\_\_\_\_\_

\_\_\_\_\_

**Medical Insurance:** *Is your child covered by family/hospital insurance?*      Yes      No

Name of Insurance Carrier and ID Number: \_\_\_\_\_

Physician's Name/Phone: \_\_\_\_\_

**Emergency Contacts:** *Please list in the order we should call.*

1. \_\_\_\_\_ Phone(s): \_\_\_\_\_

2. \_\_\_\_\_ Phone(s): \_\_\_\_\_

3. \_\_\_\_\_ Phone(s): \_\_\_\_\_

4. \_\_\_\_\_ Phone(s): \_\_\_\_\_