

STUDIO4ART ON WHEELS

Personal Art Instruction for Children

Participant Medical Information and Health History

Name: _____ Age: ____ Date of Birth: ___ / ___ / _____

Home Address: _____ City: _____ Zip: _____ Phone: _____

Email Contact: _____

Mother's Name: _____ Phone: _____ Phone: _____

Father's Name: _____ Phone: _____ Phone: _____

Emergency contact if parent or guardian is not available:

Name/Relationship: _____ Phone: _____ Phone: _____

Child's Physician:

Name: _____ Address: _____

Phone: _____ Phone: _____ Hospital Preference: _____

Medical Insurance Company: _____ Insurance Policy Number: _____

Health History:

Convulsions/Seizures: _____ Diabetes: _____ Epilepsy: _____ Nosebleeds: _____

Medications: _____

Other Health Information: _____

Is your child currently under the care of a physician? ____ If yes, explain: _____

Does your child have any special needs or conditions that **Studio 4 Art** should be aware of?: _____

Allergies:

Hay Fever: _____ Asthma: _____ Insect/Bee Stings: _____ Penicillin: _____ Food Allergies: _____

Other: _____

Waiver and Release of Liability:

I hereby agree to indemnify and hold harmless **Studio 4 Art**, it's employees, instructors, and volunteers from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or connected with participation in the class/camp attended. In the case of an emergency, I hereby grant permission for my child to be treated by a qualified physician.

I give permission for my child's photo to be used in all forms of **Studio 4 Art's** publicity, brochures and web site.

I have read and understand the above:

Print Name: _____ Relationship: _____

Signature of Parent or Legal Guardian: _____ Date: ___ / ___ / _____

Enclosed Check #: _____ Amount: _____