

Age Group _____ Time(s) _____ Title _____ Course Code(s) _____

CONTACT INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____ Check if this is a new address

City, State, Zip: _____

Name of Parent/Guardian 1: _____ Relationship to student: _____

Phone: (H) _____ (C) _____ (W) _____

Name of Parent/Guardian 2: _____ Relationship to student: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact other than parent(s)/guardian(s) listed above:

Name of Emergency Contact: _____ Relationship to student: _____

Phone: (H) _____ (C) _____ (W) _____

HEALTH INFORMATION

Child's Physician: _____ Physician's Phone Number: _____

1. Do you give permission for your child to participate in all activities at The Baum School of Art and to receive basic first aid and/or emergency medical treatment, if necessary? Yes No

2. Does your child have any allergies? Yes No

If Yes, please explain: _____

2A. Does your child need an Epi-Pen for allergic reactions? Yes No

- If Yes, please provide written instructions with the medication that is to be carried with the child at all times during camp in a labeled bag.

2B. Do you authorize The Baum School of Art and/or its representatives to administer an Epi-Pen according to the written directions that you have provided? Yes No

3. Does your child have any medical conditions? Yes No

If Yes, please explain: _____

4. Does your child require medication during camp/class hours? Yes No

If Yes, please explain: _____

Please note: The Baum School of Art staff will not administer any medications to students, but will monitor while the student self-medicates.

5. Does your child have special needs or learning delays we should know about? Yes No

If Yes, please explain: _____

PICK UP INFORMATION

All children (under age 18) must be signed out of their classroom by a parent, guardian, or authorized person on this form, unless prior arrangements are made by the parents with the administration office. Children of any age will not be released to the lobby for pickup or released to walk home.

Any other person(s) authorized to pick up your child other than parent(s)/guardian(s) listed on the front of the form:

Name 1: _____ Relationship to student: _____

Phone: (H) _____ (C) _____ (W) _____

Name 2: _____ Relationship to student: _____

Phone: (H) _____ (C) _____ (W) _____

Name 3: _____ Relationship to student: _____

Phone: (H) _____ (C) _____ (W) _____

PERMISSIONS

I give permission for my child to participate in all activities at The Baum School of Art. Yes No

I give permission for my child to be photographed during activities and for The Baum School of Art to use my child's photographic image in commercial or non-commercial publicity for the School. Yes No

I give permission for my child to visit the Allentown Arts Park (next to the school) with his/her class. Yes No

I give permission for my child to visit the Allentown Art Museum with his/her class. Yes No

Signature of Parent/Guardian

Date

In consideration of said child's participation at The Baum School of Art, I/we hereby forever release, indemnify, hold harmless, and forever discharge The Baum School of Art, their officers, directors, employees, agents, representatives, successors, and assigns from any and all liability, loss, damage, action and expense resulting from property damage and/or personal injury incurred by said child which may result from said child's participation in any and all activities of The Baum School of Art.

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

It is the responsibility of the parent to make sure this form is submitted before the start of camp/class.

A new form is to be filled out each session by the student's parents. Forms from previous terms will be shredded.

Please submit completed forms via:

Mail to: The Baum School of Art, PO Box 653, Allentown, PA 18105

Fax to: 610.433.3417

Email to: amanda@baumschool.org

Questions: 610.433.0032