

EMERGENCY FORM – DOUBLE SIDED

<i>OFFICE USE ONLY</i>
<input type="checkbox"/> Date of Entry: _____

PLEASE COMPLETE
Last Name: _____
Session: _____

A COMPLETED FORM MUST BE RECEIVED FOR YOUR CHILD TO ATTEND CLASS OR CAMP. Please fill out **both sides** of this form and **return to the office with your signature *BEFORE*** your child's first day of class. A form is kept on file and valid for one year from date received. Please be sure to notify the office should any information need to be updated.

RETURN TO: Main Line Art Center, 746 Panmure Rd., Haverford, PA 19041, or fax to 610.525.5036

CHILD'S NAME: _____ **DATE OF BIRTH (mm/dd/year):** _____

Boy **Girl** **Grade in Fall 2009** _____

Home Address (street, city, state, zip): _____

Primary Guardian: _____ Relationship: _____

Home Phone #: _____ Mobile #: _____ Work #: _____

Additional Guardian: _____ Relationship: _____

Home Phone #: _____ Mobile #: _____ Work #: _____

Please list other people that we may contact in case of an emergency: (include all telephone numbers, if necessary)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

3. Name: _____ Phone #: _____ Relationship: _____

Pediatrician's Name & Location: _____ Phone #: _____

Does your child have any medical conditions or allergies?

Please be as specific as possible and include a copy of any important forms or information (*if needed, please attach additional page*). _____

Does your child have special needs or any known learning differences or delays we should know about? Does your child have an IEP? (If so, please attach a copy)

Is there anything else you feel we should know about your child or special requests you may have?

<i>PLEASE COMPLETE BOTH SIDES</i>

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Epi-Pens & Inhalers

Main Line Art Center staff will not administer any medications to students. However, Epi-Pens will be given and inhalers will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied ONE WEEK prior to the start of the session. An Epi-Pen or inhaler will not be administered without prior written approval and instructions. Please make sure the Camp Director (610.525.0272 x12) is contacted to discuss any medical needs.

I hereby authorize Main Line Art Center and/or its representatives to administer an Epi-Pen or an inhaler to my child, named above, according to the WRITTEN DIRECTIONS which I have provided and attached to this sheet.

Guardian's Signature: _____ Relationship: _____

Medications

Please list & describe medications that you child is currently taking or may need in an emergency. Please contact the Camp Director at least ONE WEEK prior to the start of the Session to discuss your child's condition.

In the case of minor cuts, and scrapes, Main Line Art Center staff will clean the wound and if necessary apply a topical antibiotic such as alcohol or Bactine. If a parent does not wish the Center to apply any topical medications please contact the Camp Director at least ONE WEEK prior to the start of the Session.

I further hereby authorize Main Line Art Center and/or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.

Guardian's Signature: _____ Relationship: _____

Please be assured that Main Line Art Center takes every precaution to care for your child. In the unlikely event that we are unable to reach anyone listed above, we will need your authorization to have your child receive medical attention if it should prove necessary:

PLEASE SIGN BOTH LINES BELOW:

I hereby authorize Main Line Art Center to have my child receive emergency care in the event that no person named above can be reached. This care may include travel by ambulance to the hospital emergency room.

Signed: _____ Date: _____

PARENTAL CONSENT:

I, a parent/guardian of the above named child, hereby give my approval for his/her participation in any and all Main Line Art Center activities. I assume all risks and hazards incidental to such participation, and hereby waive, release, absolve, indemnify and agree to hold harmless Main Line Art Center and its teachers, organizers, staff, supervisors and participants, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident insurance.

Signed: _____ Date: _____

*PLEASE COMPLETE
BOTH SIDES*