



Medical and Emergency Contact Info

Art Club



1.) In case of emergency, list two people to be contacted:

	Emergency Contact #1	Emergency Contact #2
Name:		
Relationship:		
Day Phone:		
Cell Phone		

2.) Does the child have a medical condition we should be familiar with? YES / NO

If yes, please describe.

3.) Does the child require medication? YES / NO

If yes, note provisions you have made and any information we must be aware of.

4.) Does the child have any dietary restrictions? YES / NO

If yes, please describe.

5.) In case medical attention is required:

Hospital of choice: _____

Phone Number: (_____) _____

Family Doctor: _____

Phone Number: (_____) _____



Parent/Guardian Consent Art Club



PERMISSION TO PARTICIPATE

I give _____ (*child's name*) permission to participate in the Castroville Public Library's 2016-2017 Art Club . I agree to not hold The City of Castroville, Castroville Public Library, or its volunteers liable for any illness, injury, or accident, which may occur during this program. I hereby authorize Castroville Public Library staff/volunteers to obtain appropriate emergency medical attention for the above-named child should it be required while I am unavailable for contact at the telephone number(s) provided.

PHOTOGRAPHS/VIDEOS

I give my permission for photographs/videos of my child to be used by Castroville Public Library for the purpose of promotion or public relations.

- This includes, but it not limited to print publications such as flyers, brochures, displays, newspapers, etc.
- Online publications such as our website and Social Media (Facebook, Twitter, etc.)

or

I DO NOT give my permission for photographs/videos of my child to be used by Castroville Public Library for the purpose of promotion or public relations.

Grade

Date

Parent/Guardian's Name (PRINT)

Parent/Guardian's Signature

**Email address Please write clearly*

**Please list an email address that you check frequently. You will be sent meeting reminders, schedule changes, etc.*