

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.

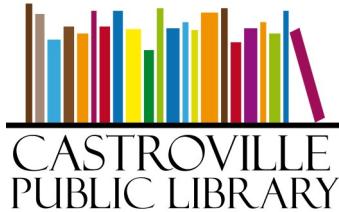
5.) In case medical attention is required:

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 is 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.*