

Medical Information and Release Form

Last Name: _____ First Name: _____ Age: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Cell Phone: _____ Work/Home Phone: _____

Cell Phone: _____ Work/Home Phone: _____

Please list the numbers where you can be reached in case of emergency.

Please list the name and phone number of two parties who may be called if the parent/guardian(s) cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

STUDENT MEDICAL INFORMATION

Please list any health conditions or allergies that your child has:

Please list any medications that your child is taking:

Family Physician _____ Phone: _____

Date of student's last tetanus shot: _____

Medical Insurance Company _____

ID# _____ Group ID: _____

Insurance Company Phone: _____

Insurance Company Address: _____

I/We hereby authorize representatives of North Hills Art Center to act as my/our agent to secure medical emergency treatment for the above-named student. I/We further agree to hold the North Hills Art Center and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment, and said representatives are specifically authorized to sign any required emergency hospital treatment forms on our behalf.

Parent/Guardian Signature: _____

Date: _____

This form must be submitted by or on the first day of camp.