



ART Z Emergency Contact Form

PARTICIPANT'S INFORMATION:

Participant's Name:	Date of Birth:	Age:
Address:		
City:	State:	Zip:

IN CASE OF EMERGENCY, PLEASE LIST PERSONS IN ORDER TO BE CALLED:

Parent/Guardian Name:	Relationship:	Check if authorized to pick up
Cell Phone:	Work Phone:	Home Phone:

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HEALTH INFORMATION:

Health alerts, allergies, accommodations or other considerations:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

In case of emergency, ART Z staff have my permission to take such action as they deem necessary. In case of an illness or injury, and when no parent/guardian can be reached at the phone numbers shown, I authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for

Participant: _____

Parent/Guardian Printed Name: _____

Signed: _____ Date: _____

PHOTO AND VIDEO POLICY:

I give permission for photos or videos of this participant to be used for art projects and be exhibited in the studio, as well as to inform others of arts opportunities through press releases, brochures, website, and other promotional media. We do not use identification in our promotional materials. Please check: YES NO