

**PARENT/GUARDIAN PERMISSION FOR ART SCHOOL OF PETERBOROUGH P.A. DAY CAMPS**

PLEASE RETURN PAGES 1 & 2 TO SUPERVISOR IN CHARGE

PAGE 1 OF 2

Complete on behalf of a student who wishes to participate in our P.A. Day camp on:

\_\_\_\_\_

Please return to The Art School of Peterborough upon drop off.

**Student and Parent/Guardian Information:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best number to reach you through the day:  Home  Work  Cell

**Emergency Contacts:**

Name 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Health and Medical:**

Information regarding any special conditions or potentially life-threatening circumstances such as seizures, diabetic, asthmatic and anaphylactic reactions should be communicated to the staff at The Art School.

1. Describe any special conditions your child has that our staff should be aware of:

\_\_\_\_\_

2. Has he/she any drug allergy or sensitivity?  Yes  No

Details:

\_\_\_\_\_

3. Has he/she any serum sensitivity?  Yes  No

Details:

\_\_\_\_\_

4. Are all needles up to date?  Yes  No

\_\_\_\_\_

5. If there is any further information which you feel staff should know, please list below or attach an additional page:

**PARENT/GUARDIAN PERMISSION FOR ART SCHOOL OF PETERBOROUGH P.A. DAY CAMPS**

PLEASE RETURN PAGES 1 & 2 TO SUPERVISOR IN CHARGE

PAGE 2 OF 2

**Self-Administrated Medication:**

For requests to administer prescription medication, parent/guardian must provide the original pharmacy labeled container. The supervisor will collect all medications to store them in an appropriate and safe place, and will make them available to your son/daughter at the appropriate times. The student will still be responsible for administrating his/her own medication.

If you have any questions or concerns, please contact the supervisor in charge.

Medication #1: _____ Dates to administer: _____ Directions and comments (eg. dosage, times): _____ _____	Medication #2: _____ Dates to administer: _____ Directions and comments (eg. dosage, times): _____ _____
--	--

I understand that my son/daughter will be responsible for self-administrating this medication as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Elements of Risk:**

Although all safety precautions will be taken by The Art School of Peterborough and its staff to ensure safety of all participants, it is important for everyone involved to understand that out-of-classroom programs do present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the supervisor.

**Accident Insurance Notice:**

The Art School of Peterborough does not provide any accidental death, disability, dismemberment, medical or dental expense insurance on behalf of students participating in this activity.

**Medical Services Authorization**

Should medical care be required, I hereby give the supervisor in charge permission to use his/her best judgement in obtaining the best of such service. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, the parent/guardian will be notified as soon as possible.

**Acknowledgement of Risks, Permission to Participate and Travel, Informed Consent Agreement:**

I have read and understand all the information outlined above . I hereby grant permission for (child's name) \_\_\_\_\_ to take part in the Art School of Peterborough's P.A. Day camp as outline above, for the day of \_\_\_\_\_.

I/We have read and understand the notice of Element of Risk. \_\_\_\_\_

I/We have read and understand the notices of Accident Insurance. \_\_\_\_\_

I/We give permission to the supervising adults(s) to obtain professional assistance in the event that my son/daughter requires medical attention. \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_