



Edmonds Center for the Arts Summer Arts Enrichment Camps Emergency Form

This must be signed and turned in before the first day of camp

Camper's Name: _____

I hereby give permission that the above mentioned student may be given emergency treatment as needed by staff members of **Edmonds Center for the Arts**. I also give my permission for the child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I or my preferred physician cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will not hold **Edmonds Center for the Arts**, or any member of its faculty or staff, liable for damages, injuries, or losses during, resulting from, or caused by the above mentioned student's participation.

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY/MEDICAL INFORMATION

Hospital Preferred: _____

Child's Physician: _____

Physician's Phone: _____

Primary Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

Secondary Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

IMPORTANT: Please describe any special medical concerns, allergies, physical or behavioral conditions that may affect your child's participation in this program about which we should be aware. (If you know of none, please write "NONE KNOWN".)

AUTHORIZED TO PICK-UP CHILD (DUE TO COVID-19, PLEASE LIMIT TO TWO AUTHORIZED PARENTS/GUARDIANS)

****Please note that campers will not be released to adults at pick-up if they are not listed here.**