



Jamestown Arts Center

Camp Name: _____ Dates: __/__/__ -- __/__/__

EMERGENCY CONTACT/MEDICAL FORM

Child's Name: _____ Parent/Guardian Name(s): _____

Phone (home): _____ (cell): _____

Address: _____

E-mail: _____ Child's Age: _____ (please circle) Female Male

Allergies: ___yes ___no

If yes, what allergies does your child have: _____

Additional Allergy Information: _____

Medical Conditions: ___yes ___no

If yes, please explain: _____

Additional Medical Information: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to child: _____

People other than parents that are authorized to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release:

I give permission for my child's picture to be used by the Jamestown Arts Center for promotional purposes: ___yes ___no

Permission to Leave JAC:

On occasion JAC staff will take campers on supervised trips across the street to the Jamestown Playground and/or the library.

I give permission for my child to walk to the playground with staff. ___yes ___no

Parent/Guardian - Please Print

Parent/Guardian Signature

Date

Please wear clothes appropriate for making art! (paint friendly) And, please remember to bring snack & lunch each day!