

MEDICAL RELEASE FORM for ArtShop event

(We can keep this on file for future events)

For your child's/children's safety, please provide the following information. Rest assured that all materials used at ArtShops are non-toxic, and your children will be supervised at all times. We will make every effort to contact you or your alternative contact in the event of an emergency.

Parent/Legal Guardian's Name: _____

Address: _____

Phone #s: _____

Children's Names	Ages	List all known medical conditions, including food allergies and/or drug allergies. Also list any drugs taken regularly or recently.

Alternative contact & phone #: _____

Relationship to child/children: _____

Physician's name & phone #: _____

Primary Insurance Co. & ID#: _____

STATEMENT OF CONSENT

As the parent/legal guardian of the child/children listed above, I hereby grant permission for any and all medical and/or dental attention be administered to child/children in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of licensed and qualified medical personnel.

Signature: _____ Date: _____

*Please bring this form with you to the workshop. Feel free to have it notarized (banks often provide this service for free).