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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ARTS THEREAFTER-Emergency Contact and Medical Information | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | |  | |  | | | | | M | F |
| Child’s Name | | |  | | Date of Birth | | | | | Sex | |
|  | | |  | |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  | |  | | |  |  | | |
| Home Phone |  | Work Phone |  | | Home Phone | | |  | Work Phone | | |
|  | | |  | |  | | | | | | |
| Address | | |  | | Address | | | | | | |
|  | | |  | |  | | | | | | |
| City, ST ZIP Code | | |  | | City, ST ZIP Code | | | | | | |
|  | | |  | |  | | | | | | |
| Alternative Emergency Contact | | | |  | | | | | | | |
|  | | | | | | | | | | | |
|  | | |  | |  | | | | | | |
| Primary Emergency Contact | | |  | | Secondary Emergency Contact | | | | | | |
|  |  |  |  | |  | | |  |  | | |
| Home Phone |  | Work Phone |  | | Home Phone | | |  | Work Phone | | |
|  | | |  | |  | | | | | | |
| Address | | |  | | Address | | | | | | |
|  | | |  | |  | | | | | | |
| City, ST ZIP Code | | |  | | City, State, Zip Code | | | | | | |
|  | | |  | |  | | | | | | |
| Medical Information | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | | |
|  | | | | | |  |  | | | | |
| Physician’s Name | | | | | |  | Phone Number | | | | |
|  | | | | | |  |  | | | | |
| Insurance Company | | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | | |
|  | | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | | |  | Date | | | | |
|  | | | | | | | | | | | |
| I give permission for my child to be picked up and/or go on field trips. I release Arts Thereafter and all staff from liability in case of accident during activities and transportation related to Arts Thereafter. | | | | | | | | | | | |
|  | | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | | |  | Date | | | | |
|  | | | | | |  |  | | | | |
| Witness Signature | | | | | |  | Date | | | | |