



### **Emergency Contact Information**

Please provide us with the appropriate emergency contact information in case your child becomes ill, gets hurt, or needs to be picked up.

**Date**\_\_\_\_\_ **Child's Name**\_\_\_\_\_

**Camp Week Number**\_\_\_\_\_ **Age**\_\_\_\_\_

**Mom's Cell Phone**\_\_\_\_\_

**Dad's Cell Phone**\_\_\_\_\_

**Babysitter's Cell Phone**\_\_\_\_\_

**Grandparent's Cell Phone**\_\_\_\_\_

In addition, please provide us with any relevant information about your child that we might need to know.

**Allergies**\_\_\_\_\_

**Medications**\_\_\_\_\_

### **PARENT AUTHORIZATION**

Each day of the program, I will send required medication in its original, child-proof container with the pharmacy label and dosage attached. This medication will be given directly to the program supervisor. The medication is to be administered by the program staff. I authorize the Evanston Art Center staff to administer medication to my child. I hereby exonerate the Evanston Art Center, its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me following the administration of medication ordered by the above-listed physician.

### **LIABILITY WAIVER**

As a participant (or parent/legal guardian of a participant under 18 years of age) in the Evanston Art Center's program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s). I do hereby fully release and discharge the Evanston Art Center, its officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Evanston Art Center, its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I have fully read and understand the above.

Parent Signature: \_\_\_\_\_