

THE FOLLOWING INFORMATION IS REQUIRED

Child's Full Name & Age: _____

1st Emergency contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency contact
(Other than name above): _____ Phone: _____

Child's Physician: _____ Phone: _____

The persons listed above have my express consent to answer any and all questions regarding the welfare of my child. If neither of the emergency contacts listed above can be reached, I authorize the staff of The Delaplaine Arts Center to take whatever steps necessary, including hospitalization, to ensure the welfare of my child.

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? **NO**

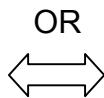
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware to ensure that your child's camp experience is positive? **NO**

YES, Explain (**Medications require authorization form DHMH-4758**) _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? [] NO

[] YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Pick Up Authorization

Student's Last Name (please print) _____

Person(s) authorized to pick-up my child (please print):

The undersigned does hereby release, forever discharge and agree to hold harmless The Delaplaine Arts Center, Inc., its board, staff, and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in Delaplaine activities. The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required. In the event or the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said The Delaplaine Arts Center, its board, staff and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to help or to administer medical care on behalf of the participant.

The Delaplaine routinely captures photos and videos during classes, events, and programs. Images may be used online or in print to promote the Delaplaine Arts Center and its mission. If you DO NOT wish to appear in Delaplaine photos or videos, please notify Delaplaine staff or email your request to info@delaplaine.org.

Parent or Legal Guardian's Name (please print): _____

Signature: _____ Date _____