

**Cely's House Art Classes
2017**

Student Information

Name of Child: _____

Date of Birth: _____ Boy _____ Girl _____

School: _____ Grade 2015-2016: _____

Parent(s) or Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number:

Home _____ Cell _____ Work _____

Email: _____

Emergency Contact: _____ Phone: _____

Are there any allergies or adverse reactions to anything that we ought to be aware of? _____

If, Yes, please describe: _____

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency, I give my permission to the EMS, physician, or dentist selected by the Cely's House to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for the child will be used as the primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Cely's House and its agents during all the events and activities offered at Cely's House. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Cely's House, its directors, staff, and volunteer helpers liable for damages, losses, or injuries incurred by the subject of this form.

Circle permission:

I grant / I do not grant to Cely's House permission to administer any minor First-Aid (antiseptic spray, cream, bandage) or major emergency care (splints, dressings, CPR) to above named child.

I grant / I do not grant to Cely's House to use any photography of my child for website illustration.

Parent / Guardian Signature: _____

Print Name: _____ Date: _____