



BEAUX ARTS ART CLASSES/CAMP
MEDICAL AND EMERGENCY INFORMATION

Child's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Email: _____

Mother's Work Phone: _____ Cell: _____

Father's Work Phone: _____ Cell: _____

Emergency contact other than parent:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Pediatrician: _____ Phone: _____

Is child presently taking any medication? Yes or No

If yes, please list: _____

Does child suffer from any medical condition? Yes or No

If yes, please describe: _____

The first aid kit includes; antibiotic gel (Neosporin), anti-itch lotion (Calamine), topical antihistamine (Caladryl) and a pain reliever (Tylenol & Motrin).

If the need arises, do you authorize the staff to administer the above? Yes or No

No Medications will be administered without written permission and must be in original container and clearly labeled with the child's name, name of medication, proper dosage, pediatrician's name and pharmacy name and phone number. You may include that written permission on this form if needed.

Camp Only:

The children will be playing outside after lunch. If you are concerned about mosquitoes, we suggest you send your child to Camp with insect repellent. Sunscreen may also be appropriate.

Parent's Signature/ Date: