

EMERGENCY & PICK UP FORM

PLEASE COMPLETE
Last Name: _____
Session/Date: _____

A COMPLETED FORM MUST BE RECEIVED FOR YOUR CHILD TO ATTEND CLASS.

Please fill out **both sides** of this form and **return to the main office BEFORE** your child's first day of class. A completed Form must be submitted for every child under the age of 18. Form is kept on file for one year from date received. Please be sure to notify the office should any information need to be updated.

RETURN TO: Main Line Art Center, 746 Panmure Rd., Haverford, PA 19041, or fax to 610.525.5036

CHILD'S NAME: _____ **DATE OF BIRTH (mm/dd/year):** _____
Home Address (street, city, state, zip): _____
Primary Guardian: _____
Home Phone #: _____ Mobile #: _____ Work #: _____
Additional Guardian: _____
Home Phone #: _____ Mobile #: _____ Work #: _____

Please list other people that we may contact in case of an emergency: (include all telephone numbers, if necessary)

1. Name: _____ Phone #: _____ Relationship: _____
2. Name: _____ Phone #: _____ Relationship: _____
3. Name: _____ Phone #: _____ Relationship: _____

Pediatrician's Name & Location: _____ Phone #: _____

Does your child have any medical conditions or allergies? Does your child have special needs or any known learning differences we should know about? Does your child have an IEP? Please be as specific as possible and include a copy of any important forms or information (*if needed, please attach additional page*). _____

Main Line Art Center staff is not able to administer any medications to students. However, Epi-Pens will be given and inhalers will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied ONE WEEK prior to the start of the session. An Epi-Pen or inhaler will not be administered without prior written approval and instructions. Please make sure the Education Director (610.525.0272) is contacted to discuss these medical needs.

Main Line Art Center, however, in the case of minor cuts, and scrapes, will clean the wound and if necessary apply a topical antibiotic such as alcohol or Bactine. If a parent does not wish the Center to apply any topical medications please contact the Education Director at least ONE WEEK prior to the start of the Session.

I hereby authorize Main Line Art Center and/or its representatives to administer an Epi-Pen or an inhaler to my child, named above, according to the WRITTEN DIRECTIONS which I have provided and attached to this sheet. I further hereby authorize Main Line Art Center and/or its representatives to clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.

Guardian's Name: _____ **Relationship:** _____

Please list & describe medications that you child is currently taking or may need in an emergency. Please contact the Education Director at least ONE WEEK prior to the start of the session to discuss your child's condition. _____

Please be assured that Main Line Art Center takes every precaution to care for your child. In the unlikely event that we are unable to reach anyone listed above, we will need your authorization to have your child receive medical attention if it should prove necessary:
PLEASE SIGN BOTH LINES BELOW:

I hereby authorize Main Line Art Center to have my child receive emergency care in the event that no person named above can be reached. This care may include travel by ambulance to the hospital emergency room.

Signed: _____ **Date:** _____

PARENTAL CONSENT:

I, a parent/guardian of the above named child, hereby give my approval for his/her participation in any and all Main Line Art Center activities. I assume all risks and hazards incidental to such participation, and hereby waive, release, absolve, indemnify and agree to hold harmless Main Line Art Center and its teachers, organizers, staff, supervisors and participants, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident insurance.

Signed: _____ **Date:** _____

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BOTH SIDES**

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PLEASE PRINT LEGIBLY

YOUR CHILD'S NAME: _____

DATE OF BIRTH: _____ Age: _____ Boy Girl

Guardian Name(s): _____

Relationship(s): _____

Please fill out the option that applies to your child's pickup schedule. If there is more than one, it is **mandatory** that all names, phone numbers and designated days be listed

My spouse or I will be picking up my child.

(Printed) Name: _____ (Signature): _____

Only those listed on this form by the legal parent or guardian are allowed to pick up your child

Someone other than my spouse or myself will be picking up my child (grandparent, baby-sitter, etc).

Name of person picking my child up: _____ Relationship: _____

Phone #: _____ Designated Pickup Days: _____

My child is part of a car pool. The other children in the car pool are (please print legibly):

The driver will be: _____ Phone#: _____

*If there will be more than one driver during the Session, please provide that information below:

Name: _____ #: _____ Days: _____

PLEASE SIGN BELOW:

Signed (parent/guardian signature): _____

<i>PLEASE COMPLETE BOTH SIDES</i>
