

# EMERGENCY FORM

PLEASE COMPLETE:	Last Name: _____
	Session _____

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

Please fill out **both sides** of this form and **return to the office with your signature *BEFORE*** your child's first day of camp/class. Please be sure to notify the office should any information need to be updated.

<i>OFFICE USE ONLY</i>	
<input type="checkbox"/>	Date of Entry: _____
<input type="checkbox"/>	_____

**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): \_\_\_\_\_

Boy  Girl

Grade in Fall \_\_\_\_\_

Home Address (street, city, state, zip): \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Additional Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 #: \_\_\_\_\_

## Health Information

Does your child have special needs or any known learning differences or delays we should know about? Does your child have an IEP? (If so, please attach a copy)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require any support staff during the academic year?

Is there anything else you feel we should know about your child or any special accommodations needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need an Epi-Pen for allergic reactions? \*  yes  no

Does your child require medication during camp/class hours? \*  yes  no

Does your child have any medical conditions or allergies?  yes  no

\* If you answered yes to any of the questions listed above, please provide additional information on the back.

**PLEASE COMPLETE BOTH SIDES**

# EMERGENCY FORM – PAGE 2

## Health Information Continued

Main Line Art Center staff will not administer any medications or inhalers to students but will monitor while the student self-medicates. Epi-Pens 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. Epi-Pens must be carried with child at all times during camp in a labeled bag.**

In the case of minor cuts, and scrapes, Main Line Art Center staff will clean the wound and if necessary apply a topical antibiotic such as alcohol or Bactine. Please let us know if your child has any allergies to first aid supplies.

**Please list & describe medications that you child is currently taking or may need in an emergency.**

---

---

**Does your child have any medical conditions or allergies?**

Please be as specific as possible and include a copy of any important forms or information.

---

---

I hereby authorize Main Line Art Center and/or its representatives to

- Administer an Epi-Pen according to the WRITTEN DIRECTIONS which I have provided.
- Clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.
- Initiate Emergency Medical Services and emergency care for my child in the unlikely event that we are unable to reach any emergency contacts.

### **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 agents and employees, from any and all liability and/or damages, whether the result of negligence or for any other cause.

➔ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I would like to speak with the Education Director regarding my son or daughter's health.

*PLEASE COMPLETE BOTH SIDES*