

Main Line Art Center

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|------------------|------------------|
| PLEASE COMPLETE: | Last Name: _____ |
| | Session _____ |

EMERGENCY FORM

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

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.

RETURN TO: MAIL: Main Line Art Center, ATTN: REGISTRAR, 746 Panmure Rd, Haverford, PA 19041
EMAIL: info@mainlineart.org

Child's Name: _____ Date of Birth (mm/dd/year): _____
 Boy Girl School _____ 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: _____
 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? yes no

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

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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 Neosporin. 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

Main Line Art Center

PICK UP FORM

| | |
|-------------------------|---------------------------------------|
| <i>PLEASE COMPLETE:</i> | Last Name: _____ |
| | Session(s): _____ Pick Up Time: _____ |

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

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

Pick-up Tags for car will be provided at check-in on the first day.

RETURN TO: MAIL: Main Line Art Center, ATTN: CAMP, 746 Panmure Rd, Haverford, PA 19041
EMAIL: MLAC.CAMP@gmail.com

PLEASE PRINT LEGIBLY

Your Child's Name: _____ Date of Birth: _____ Age: _____

Half Day (AM / PM) Full Day Before Care After Care Lunch Care

Session(s): _____

Primary Guardian Name(s): _____

Relationship(s): _____

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

I am the Primary Guardian(s) listed above and will be picking up my child:

Name (Printed): _____ (Signature): _____

Someone other than Guardian(s) listed above will be picking up my child (grandparent, baby-sitter, etc).

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

Phone #: _____ Designated Pickup Days: _____

Signature (parent/guardian): _____

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: _____

Name: _____ #: _____ Days: _____

Signed (parent/guardian signature): _____

Main Line Art Center

Personal Conduct Form

Camp Expectations and Responsibilities for All Campers:

Sign and return this Mandatory form to Main Line Art Center before camp begins.

Camper _____ Parent _____

Date _____

1. Campers will treat all other campers, teachers and all counselors with respect. Hitting, punching, verbal and physical abuse, as well as foul or obscene language or gestures will not be tolerated and may result in expulsion from camp.
2. Campers may not leave Camp at any time and must remain within the Camp boundaries, within designated areas during breaks.
3. All roped off areas are off-limits to campers.
4. Campers must wear closed toe shoes at all times.
5. Campers must remain within the view of counselors at all times.
6. Campers must obey the rules and directives of counselors, teachers and the camp director throughout the day.
7. Campers must clean up their individual food and classroom areas upon completion of lunch or projects.
8. Trash is to be deposited in trash cans throughout Camp and NEVER thrown on the ground. All campers must help clean up lunch trash before heading for activities, classes or dismissal.
9. Campers may not chew gum or bring electronic/video equipment to Camp. Campers are discouraged from bringing valuables from home and Camp does not assume responsibility for valuables in the event that they are lost during the camp day.
10. Camp art materials and facilities are to be used only in the way designated for class lessons and activities. Campers may be held financially liable for deliberate destruction or loss of Camp property.