

# Main Line Art Center Emergency Contact Form

Please Complete:	Last Name: _____
	Session: _____

## REQUIRED FORM IN ADVANCE

**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 class/camp. Be sure to notify the office should any information need to be updated. Please send completed forms to [info@mainlineart.org](mailto:info@mainlineart.org).

### 1. STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Pronouns \_\_\_\_\_

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

### 2. EMERGENCY CONTACTS, PARENTAL /PRIMARY GUARDIAN CONTACT INFORMATION and CONSENT

Primary Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Additional Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

#### OTHER PEOPLE WE MAY CONTACT IN CASE OF AN EMERGENCY:

Name, Phone#, Relationship: \_\_\_\_\_

Name, Phone#, Relationship: \_\_\_\_\_

### 3. PICK-UP INFORMATION *Only those listed here are allowed to pick up your child.*

Other Authorized Person(s) will be picking up my child for some/all days

Name, Phone#, Relationship \_\_\_\_\_

Other Authorized Person(s) will be picking up my child for some/all days

Name, Phone#, Relationship \_\_\_\_\_

Other Authorized Person(s) will be picking up my child for some/all days

Name, Phone#, Relationship \_\_\_\_\_

Teen student may be released without parent sign-out.

#### 4. STUDENT HEALTH INFORMATION

Does your child have disabilities or any known learning differences that need accommodations in the classroom?

yes  no (If yes, please elaborate) \_\_\_\_\_

Does your child have an IEP?  yes  no (If yes, please share)

Does your child require any support staff during the academic year?  yes  no  
(If yes, please elaborate) \_\_\_\_\_

Does your child have any medical conditions or allergies?  yes  no  
(If yes, please elaborate) \_\_\_\_\_

Does your child need an Epi-Pen for allergic reactions?  yes  no (if yes, Epi-Pens MUST be carried with the child at all times in a labeled bag.)

Does your child require any medication during camp/class hours?  yes  no  
(If yes, please elaborate) \_\_\_\_\_

Do you allow MLAC staff to clean and/or apply topical antibiotics on superficial cuts, scrapes, or wounds?  yes  no

Is there anything else we should know about your child, or any special accommodations needed?  yes  no  
(If yes, please elaborate) \_\_\_\_\_

Do you wish to speak to the Education Director or Camp Director about your child's health?  yes  no

#### 5. PERSONAL CONDUCT AGREEMENT *Adult signature is confirmation of parent/guardian and student/camper compliance*

- I will not send my child to camp if my child or any member of my child's family or immediate household have a probable or confirmed case of COVID-19.
- Someone will be available to pick my child up from camp if they begin to show signs of illness during the camp day.
- Students will treat all other students, teachers and all assistants with respect. Verbal and physical abuse, as well as foul or obscene language or gestures may result in expulsion from class/camp.
- Students may not leave the Art Center at any time and must remain within the Art Center boundaries and designated areas during breaks.
- Students must wear closed toe shoes at all times.
- Students must remain within the view of teaching artists and assistants at all times.
- Students must obey the rules and directives of teaching artists and or the Camp Director throughout the class/camp.
- Students are discouraged from bringing valuables from home and MLAC does not assume responsibility for valuables in the event that they are lost during the class/camp day.
- Art materials and facilities are to be used only in the way designated for class lessons and activities.
- Students will participate in cleaning up after their art classes and will follow instructors or teaching artists.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

By typing your name in this electronic document, you are providing your signature and agree to the contents. 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. I have reviewed with my child(ren) the code of conduct points and we agree to abide by them.