



DOWNRIVER COUNCIL FOR THE ARTS MEDICAL FORM - 2017

Please thoroughly answer the questions on this form

Name of Child _____ Sex _____ Birth Date _____
Last First

Camps Attending: _____

Home address _____
Street address City State Zip

Custodial parent/guardian _____

Home Phone: () _____ Parent's cell phone: () _____

Mother's work phone: () _____ Father's work phone: () _____

Emergency contact person: _____

Relationship: _____

Emergency contact phone: () _____

Insurance Information

Carrier or plan name: _____

Policy number: _____

Name of insured: _____

CIRCLE YES or NO if your child has any allergies. Please provide specific information below.

Food allergies (list)

Other allergies (list) Include insect stings, hay fever, asthma, etc.

(OVER)

CIRCLE YES or NO IF TAKING MEDICATION & PROVIDE INFORMATION BELOW:

Please list **ALL** medications (prescription) taken routinely. This person takes medication as follows:

Med. #1 _____ Dosage _____ Specific times taken each day _____

Med. #2 _____ Dosage _____ Specific times taken each day _____

Identify any medications taken during the school year that participant does/may not take during the summer:

Medication not taken in the summer: _____

RESTRICTIONS Explain any restrictions to activity (e.g., what cannot be done, or limitations necessary):

MINOR RELEASE FORM

Please Circle: YES _____ NO _____

I give **The Downriver Council for the Arts** permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Downriver Council for the Arts with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

MINOR’S NAME: _____

PARENT NAME: _____
(Parent or Guardian , Please print)

PARENT SIGNATURE: _____ DATE: _____

TRIP PERMISSION APPROVAL

_____ (Parent’s Name, please print), give my child,
_____ (Child’s Name, please print) permission to walk to neighborhood parks during the Downriver Council for the Arts Summer Camp Program. I understand that children will be walking as a group, escorted by Downriver Council for the Arts instructors and volunteers. I authorize Downriver Council for the Arts to plan and supervise these trips during the 2017 summer camp sessions.

PARENT SIGNATURE: _____ DATE: _____

Please return this form to:
LYNN CAMPBELL
DOWNRIVER COUNCIL FOR THE ARTS
81 CHESTNUT ST.
WYANDOTTE, MI 48192
E-mail: lcampbell@downriverarts.org