



**DOWNRIVER COUNCIL FOR THE ARTS MEDICAL FORM - 2016**  
**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**

**Please provide specific 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):

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

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## **Minor Photo 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:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_  
(Parent or Guardian , Please print)

**YOUR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please return this form to:**

**TAMMY TRUDELLE**

**DOWNRIVER COUNCIL FOR THE ARTS**

**81 CHESTNUT ST.**

**WYANDOTTE, MI 48192**

**E-mail: [ttrudelle@downriverarts.org](mailto:ttrudelle@downriverarts.org)**