

**Bearden Productions Center for the Arts
Health Insurance & Emergency Contact Form**

Emergency Contact #1

First Name _____ Last Name _____ Cell: _____
Work: _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Cell: _____
Work: _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures)

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>	
_____	_____	___ Yes	___ No
_____	_____	___ Yes	___ No
_____	_____	___ Yes	___ No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Bearden Productions Performing Arts Studio Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be **my** responsibility as parent/guardian.

Parent's/Guardian's Initials _____

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Transportation Release

I hereby give permission for the transportation of my child for official **Bearden Productions Center for the Arts** activities by modes of transportation agreed to by the Center organizers.

Parent's/Guardian's Initials _____

Bearden Productions and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____