



Emergency Contact Camper Information **2025**

This form must be completed and returned to The Art Center office by the first day of your child's camp

Camper's Name: _____

Circle Camp Week(s): 1 2 3 4 5 6 7 8 9 10

Does your child/teen have any allergies? Yes___No___If "Yes", please list allergies;

Does your child/teen require medication to be administered during camp hours? Yes No

If "Yes," please specify: _____

Indicate mode of transportation leaving camp: Parent___ Car Pool___ Riding Bike___ Walking ___

Emergency Contacts & Child Pick-Up:

Include all authorized individuals to be contacted if unable to reach parents/guardians. Your child will not be released to anyone except the individuals listed.

1. Name _____ Relationship _____ Cell _____

Emergency Contact

Authorized for Camp Pick Up

2. Name _____ Relationship _____ Cell _____

Emergency Contact

Authorized for Camp Pick Up

3. Name _____ Relationship _____ Cell _____

Emergency Contact

Authorized for Camp Pick Up

Does your child/teen require any special accommodations? Yes___ No___If "Yes", please specify

Parent/Guardian Signature _____ Date _____

(Printed Name) _____ Phone _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this wavier

The Art Center Highland Park | 1957 Sheridan Road | Highland Park, IL 60035 | TheArtCenterHP.org