



COMMUNITY ARTS CENTER

414 PLUSH MILL ROAD . WALLINGFORD, PA . 19086
WWW.COMMUNITYARTSCENTER.ORG | 610.566.1713

FOR OFFICE USE ONLY:
date of entry _____

Student Information & Emergency Form

This form must be completed in full and returned to office before child may attend camp or class

Email: info@communityartscenter.org or FAX 610-566-0547

CHILD'S NAME _____ BIRTHDATE _____

PRONOUNS _____ SCHOOL _____ CURRENT GRADE _____

Will your child be riding a bus to CAC from a WSSD school for an afterschool program? YES ☐ NO ☐

HOME ADDRESS _____

PRIMARY GUARDIAN NAME & RELATIONSHIP _____

PHONE NUMBER 1 _____ PHONE NUMBER 2 _____

ADDITIONAL GUARDIAN NAME & RELATIONSHIP _____

PHONE NUMBER 1 _____ PHONE NUMBER 2 _____

Please list here other people we may contact in case of an emergency if guardians cannot be reached

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

HEALTH INFORMATION

Does your child have any special needs or require any special accommodations while at CAC? YES ☐ NO ☐

If yes, please explain to better assist teachers with preparing for their classes:

Does your child require any support staff during their time at CAC? YES ☐ NO ☐

Does your child need an Epi-Pen or Auvi-Q for allergic reactions? YES ☐ NO ☐

Does your child require medication during camp or class hours? YES ☐ NO ☐

Does your child have any medical conditions or allergies? YES ☐ NO ☐

If yes, please explain:

Is there anything else you feel we should know about your child?

The Community Arts Center will not administer any medications or inhalers to students, but we will monitor them when they self-medicate. Epi-Pens or Auvi-Q's will only be administered in case of an emergency ONLY with this form signed and on file, along with written instructions accompanying the medication devices in a bag labeled with their name and emergency contact information. This bag is required to be delivered with the student on or before their first day of class/camp and will be kept in the main office of the CAC. In the case of minor cuts and scrapes, CAC staff will clean and dress the wound and if needed apply a topical antibiotic ointment. Please let us know if your child has any allergies to first aid supplies

I, _____ hereby authorize a Community Arts Center representative to:

- ☐ Administer an Epi-Pen or Auvi-Q according to the written instructions that I have provided for my child
- ☐ Clean and dress superficial wounds, cuts and scrapes my child may acquire while in class/camp
- ☐ Initiate Emergency Medical Services and emergency care for my child in the event that we are unable to reach any emergency contacts

PARENTAL CONSENT:

As the parent/guardian of the above named child, I give my approval for his or her participation in any and all Community Arts Center activities, and assume all risks and hazards incidental in such participation, and hereby waive, release, absolve, indemnify and agree to hold harmless the Community Arts 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 grant permission for CAC representatives to photograph/video my child and for CAC to use images (still and/or video) of my child on the Summer Spree blog, and for publicity in print and online (We will not publicize names or personal information. If you need an exception to this photo/video consent for safety reasons please contact the CAC office.)

SIGNATURE _____ DATE _____

**If you would like to speak to a staff member about your child's health please send an email to:*
Info@communityartscenter.org.