

Capitol Hill Arts Workshop
Summer Arts Adventure 2010 - Medical Form

Student Name _____

Pick-Up and Emergency Contact The following people are authorized to pick up my child or to be contacted to act on my behalf in an emergency (*Parents, please do not include yourselves.*)

Name	Phone 1	Phone 2

Confidential Medical Information

Child's Physician _____ Phone _____

Does your child have any medical conditions, illnesses, or physical limitations that might inhibit his or her ability to participate in camp activities? NO ___ YES ___ If yes, please describe:

Does your child take medication that needs to either be taken or available on site during the camp day? NO ___ YES ___ If yes, please describe the medication(s) type and frequency:

Does your child have any allergies to food, medication, bee stings etc. ? NO ___ YES ___ If yes, please list them and describe the treatment for each type of allergic reaction:

Does your child have any other special needs NO ___ YES ___ If yes, please describe:

Liability Release *Agreement to release assumption of risk and to hold harmless*

I am aware that there are certain inherent risks of personal injury involved in participating in education, recreation, and/or performance activities, including but not limited to the risk of theft, damage to personal property, and/or personal injury. In consideration of my being granted permission for my child/ward to participate in these activities and to use the facilities of the Capitol Hill Arts Workshop, I hereby agree to hold harmless and indemnify the Capitol Hill Arts Workshop, its officers, directors, agents, contractors, sub-contractors, and employees from any and all claims, losses, damages, injuries, fines, penalties, and costs (including court and attorney fees), charges, liabilities, and/or exposures, however caused, resulting from, arising out of, or in any way connected with participation by my child/ward in any Capitol Hill Arts Workshop activity. I authorize the Capitol Hill Arts Workshop staff and medical personnel to take any appropriate and necessary emergency medical actions, which my child/ward my require, in the event that I am unable to be contacted immediately. By signing below, I certify that I have read and understand this agreement to release assumption of risk and to hold harmless, and by my signature, I hereto agree to its terms. I hereby give my child/ward permission to participate in the Arts Workshop's educational, recreation, and/or performance activities.

Parent Signature _____ **Date** _____