

Maine Arts Workshop

Emergency History Information '10

Send completed form and payment to:

Maine Arts Workshop PO Box 182, Freeport, ME 04032
Phone: 749-4451

Name _____ Grade Fall 2010 ___ M / F DOB: _____ School _____

Address _____ Town _____ Zip _____

Parent _____ Address _____

Home tel# _____ Work # _____ Cel # _____

Parent _____ Address _____

Home tel# _____ Work # _____ Cel # _____

For security and safety reasons a cell phone or pager contact number is required when child is in class.

Emergency contacts (Other than Parent):

Emergency Contact _____ Telephone #: _____ Relationship: _____

Emergency Contact _____ Telephone #: _____ Relationship: _____

Doctor: _____ Telephone #: _____ Preferred Hospital: _____

Refund and Program Policy:

25% of tuition is non-refundable and non-transferable

Tuition for campers who leave camp for behavioral reasons will not be refunded

For cancellations other than verifiable medical reasons, any tuition paid in advance (minus 25%) will be refunded if we receive a two-week written notice stating reason for withdrawal and when held slot is filled from waiting list.

Medical History:

Educational aids – glasses for reading, hearing aids, etc. are appropriate at the Maine Arts Workshop to help maximize your child's experience. The Workshop is an arts learning experience.

Chronic or recurring illness / conditions: _____

Last tetanus booster: _____ Chicken pox: yes / no

Asthma: yes / no; If yes, does your child carry an inhaler? yes / no _____

Reaction to insect bites / stings? yes / no If any and how severe? _____

Does your child carry an epi-pen? yes / no _____

Allergies (list any) _____

Current medications: _____

Emergency Authorization:

This information is correct so far as I know, and my child herein described has permission to engage in all prescribed activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to order and to provide or arrange necessary transportation for my child, x-rays, routine tests, and administer treatment, including hospitalization for my child named above and to release any records necessary for insurance purposes. I hereby, for myself, heirs and executors release all claims against the Maine Arts Workshop for danger my child may suffer or acquire during aforementioned program.

I also give permission for photographs and other media materials to be used for promotional purposes by the Maine Arts Workshop.

Signature: _____ **Date:** _____