



EMERGENCY CONTACT AND CONSENT INFORMATION PLEASE TYPE OR PRINT NEATLY

Please return this form along with your student's Summer Arts Program application. Students will not be allowed to participate in the program until this form is completed and returned to the Academy. Thank you.

Name of Student Date of birth

Date of last tetanus shot School Attending

Mother/Guardian's Name Home Phone

Employer's Name Work Phone

Father/Guardian's Name Home Phone

Employer's Name Work Phone

With whom does student reside Relationship

Emergency Contacts: In case of illness or accident to my child and I am not available, you may contact and release my child to:

Name Relationship Telephone

Name Relationship Telephone

Name Relationship Telephone

Family Physician Telephone

Physician's Address

Parent/Guardian 1

Parent/Guardian 2

Signature

Print Name

Address

City, State, Zip

Day Time Phone

Home Phone

Date

(OVER)

Please, complete all information and sign the following form before returning it to school.  
**THIS IS NECESSARY TO PROVIDE OPTIMUM EMERGENCY HEALTHCARE DURING PROGRAM HOURS. ALL INFORMATION MUST BE FILLED IN WHERE APPLICABLE.**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please complete if applicable:

Current Prescription Medications taken by the student:

---

---

---

---

Special Health Problems of student:

---

---

---

---

Allergies of student, including Foods:

---

---

---

---

I/We understand in the event of an emergency, every effort will be made to contact a parent/guardian. In the event a parent/guardian cannot be reached, I/We constitute and appoint the Greater Hartford Academy of Arts and its authorized personnel or agents to represent me/us with full authority, and with the power to authorize and consent for any medical treatment, including the performance of whatever emergency operations are deemed necessary and the administration of anesthetics for the same on the above named student.

I/We give authorization and consent for such treatment by whatever hospital, clinic or medical center as may be necessary and appropriate in the event of an injury or illness sustained by the above named student either at school or while traveling away from the Academy.

The above is accurate to the best of my knowledge. I hereby agree that I will not hold the Academy or any faculty member or employee of the Academy liable for injuries or illness contracted by my child while a student of the Summer Arts Program at the Greater Hartford Academy of Arts.

\*\* If possible, I prefer my child to be taken to \_\_\_\_\_ Hospital in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Health Insurance and Entitlements

**Family Health Insurance Carrier:** \_\_\_\_\_

**Medicaid:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**SSI:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**SSDI:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_