



THE ART CENTER
HIGHLAND PARK

Creative Summer

ART CAMP

EMERGENCY CONTACT Camper Information

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

Camper's Name: _____ Parent/Guardian Email: _____

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. By Parent ___ Car Pool ___ Riding Bike ___ Walking ___

Emergency Contacts & Child Pick - Up:

Include all authorized individuals to be contacted if unable to reach parents/guardians. Authorized person will be required to show proof of identification when taking child home from camp. 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 waiver.