

Family Information

Child #1

Child #2

Full Name:		
Birthdate:		
Nickname:		
Known Allergies:		

**add any additional child information on back of page*

Parent/Guardian Info:

Full Name:	Relationship to Child(ren):
Street Address:	City, State, Zip
Home Phone:	Cell Phone:
Family Doctor:	Doctor Phone:

Other Emergency Contact:

Full Name:	Relationship to Child(ren):
Phone Number:	Other Phone Number:

Authorization for Pickup:

Your child (ren) will only be released to the authorized people listed on this form (parent/guardian/emergency contact). Please indicate any other person(s) who you authorize to pick up your child (ren) on your behalf.

Name:

Phone:

Emergency Consent:

It is our policy to notify a parent when a child is ill or needs medical attention. If we cannot contact a parent and we need to get immediate help for the child, our procedure is to contact emergency services. Please sign below so that we can take appropriate action on behalf of your child (ren).

I hereby give my consent for my child (ren) _____,
when ill/injured, to be taken to the nearest emergency center by the staff of the studio or by ambulance,
when I cannot be contacted. I further agree to pay all costs incurred for transport.

Photo Release:

_____ Yes, I permit my child's photo to be used on Elements Art Studio webpage or other social media site.
_____ No, I do not allow my child's photo to be used in any of Elements Art Studio marketing/promotions.

Parent Signature: _____

Date Signed: _____