Katonah Art Center - 2017 MEDICAL RELEASE FORM

Please return to the office by mail or email on or before the first day.

Student's Name _____ _____ Date of Birth ____/____/_____

Parent's Name _____ _____

Home Address _____City_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Insurance Carrier: _____Policy No. _____

_____

Emergency Contact (Name) (Relationship) (Phone)

_____

Alternate Contact & Phone _____

Family Physician Name & Phone _____

Please List any Allergies _____Do we have an Epi-Pen on file? _____

MEDICAL RELEASE 1. I, the undersigned, on behalf of myself and minor child(ren) participating in classes, lessons and/or programs at The Katonah Art Center & Gallery Inc. acknowledge and appreciate the risks of injury or associated with participation in the Programs. We knowingly and willingly assume all such risks. Consequently, we for ourselves, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, teachers, assistants and other members of The Katonah Art Center from personal injury or accident of any sort or nature suffered by us, by reason of participation or membership in the Programs.

I, _____ understand that this releases my child _____from the above. Date ___/_____/_____ Signature of Parent/Guardian_____ Any Medical Problems: _____ Medication being used (include dosage/frequency): _____ Over-the counter medication my child is allowed to be given: _____

AUTHORIZATION FOR TREATMENT OF A MINOR I, the undersigned, parent or legal guardian of _____ a minor, do hereby consent to the nurse or physician selected by The Katonah Art Center & Gallery Inc. to perform routine tests and treatment for the health of my child in an emergency. In the event I cannot be reached in an Emergency, I hereby give permission for the physician selected by The Katonah Art Center & Gallery Inc. to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child as named above.

____/_____/_____ Date _____Signature of Parent/Guardian

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