

Adams County Arts Council Emergency Contact and Health Form

Complete one form for each camper enrolling.

STUDENT'S NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ PARENT/GUARDIAN E-MAIL: _____

PARENT/GUARDIAN: _____

PLACE OF WORK: _____ TELEPHONE @ WORK: _____

TELEPHONE @ HOME: _____ CELL PHONE: _____

PARENT/GUARDIAN: _____

PLACE OF WORK: _____ TELEPHONE @ WORK: _____

TELEPHONE @ HOME: _____ CELL PHONE: _____

FAMILY PHYSICIAN: _____ TELEPHONE: _____

BRIEF DESCRIPTION OF CHILD'S HEALTH

GENERAL HEALTH? Excellent Good Fair (Please list any concerns):

ALLERGIES? ___ No ___ Yes (please explain): _____

MEDICATIONS? ___ No ___ Yes (please explain): _____

OTHER ISSUES? ___ No ___ Yes (please explain): _____

EMERGENCY CONTACTS: I give my consent for you to contact the following person(s) to and release my child(ren) into their care if I cannot be reached:

NAME: _____ PHONE: _____ CELL PHONE: _____

NAME: _____ PHONE: _____ CELL PHONE: _____

PARENTAL CONSENT: I give consent for my child to receive emergency medical care if I cannot be reached.

SIGNATURE OF PARENT/GUARDIAN _____

PHOTO RELEASE: I give my permission and consent for the camper named above to be photographed during camp activities. I further give permission and consent that any such photographs may be published and used by ACAC and its agents to illustrate and promote the camp experience and/or ACAC programs.

SIGNATURE OF PARENT/GUARDIAN _____

**Please return signed form to: Adams County Arts Council
125 South Washington Street, Gettysburg, PA 17325
Telephone: 717-334-5006**