

**HENRY ARTS ALLIANCE, INC.**  
*Performing/Exploring the Arts Camp / Visual Arts I and II Camp*

**MEDICAL INFORMATION** - *This form MUST be received on the first day of camp*

**PLEASE PRINT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

(Be sure that phone number is one where someone can be reached immediately!) 2 Contacts are required

(Mother's Full Name) \_\_\_\_\_ Phone: \_\_\_\_\_

(Father's Full Name) \_\_\_\_\_ Phone: \_\_\_\_\_

(Other Person) \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN TO CALL: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION WE MIGHT NEED TO KNOW:**

Does your child have any unusual health conditions or allergies?  Yes  No

Chronic or existing diseases or medical problems : \_\_\_\_\_

Diabetes/Kidney Disease  Autism  Asthma  ADD, ADHD, etc.  Heart  Other \_\_\_\_\_

Allergies to medication (please list allergy and reaction) \_\_\_\_\_

Allergies to food (please list allergy and reaction) \_\_\_\_\_

Bee Sting Allergy

**If your child has severe problems of any kind, the camp staff may not be trained or qualified to handle these. We reserve the right to deny admission or request removal of a child whose condition is beyond our expertise and could prove to be a hindrance or safety factor to your child, the staff, or other campers.**

**MEDICAL AUTHORIZATION: *Please read and sign below.***

In the event that I or one of the other persons listed cannot be reached, the camp officials have my consent to have my child transported to the nearest emergency room and given treatment if necessary. It is understood that I will be responsible for emergency medical services. In signing this form, I hereby release the Henry Arts Alliance, Inc., representatives of Performing Arts Camp, Exploring the Arts Camp and Visual Arts Camp, Henry County Board of Education, McDonough Presbyterian and all accompanying employees, volunteers and adults from all legal, medical, and financial liability. We release Henry Arts Alliance from any liability relating to this medical care. We also authorize the Henry Arts Alliance to take whatever action it deems to be necessary and in the student's best interest in the event of any unforeseen event or condition. If the Henry Arts Alliance incurs any expense on the student's behalf that is not covered by insurance, we agree to make immediate repayment upon request.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent's / Legal Guardian's Signature

\_\_\_\_\_  
Relationship