

**YOUNG AT ART
EMERGENCY CONTACT FORM**

Today's Date: _____

Student's Name _____ Grade _____ DOB _____

Address _____

City _____ State _____ Zip _____

Email _____ Main Phone _____

Mother/Father _____ Phone _____

Mother/Father _____ Phone _____

Babysitter _____ Phone _____

PLEASE LIST AN ALTERNATIVE CONTACT IF YOU CANNOT BE REACHED IN AN EMERGENCY:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Allergies _____ Asthma: YES / NO EPI-Pen: YES / NO

MEDICAL CONSENT

I waive any liability against YOUNG AT ART STUDIO INC for injury, illness, or loss of property.

I hereby give my permission to the staff of YOUNG AT ART STUDIO INC to take my child _____ to a local hospital emergency room if I cannot be reached and that all necessary treatment can be given at that time.

Signed _____ Dated _____

PHOTO/VIDEO/SOCIAL MEDIA RELEASE

Each week, Young at Art posts photos of each class on our Facebook page (Young at Art Workshop) and Instagram (youngatartworkhop), so that parents can see what their child is working on in class. No names or identifying information is posted. We do not tag the photos. By signing below, you are giving permission for Young at Art to post photos of your child.

I give my permission to YOUNG AT ART STUDIO INC to take photos and/or videos of my child to be used in public relations materials and to be posted on social media outlets, such as Facebook, Twitter, Instagram, and on the Young at Art website.

Signed _____ Dated _____