

The Art Center at Fuller Lodge
Art Camp Medical Release

Student Name _____ Age _____
Address _____
Grade in fall _____
Parents/Guardian Name _____
Contact phone numbers: Home/work _____ Cell _____
Alternate emergency contact name _____
Alternate contact phone number _____
Allergies _____
Treatments _____
Medications _____
Restrictions/Injuries/Fears/Other things we should
know _____

Do not send you child to camp if he/she is sick. Please call us at 662-9331
if your child will be absent.

**MEDICAL REALEASE STATEMENT (MUST BE SIGNED BY
PARENT OR GUARDIAN)**

I authorize the hospital staff at Los Alamos Medical Center to administer
medical treatments to my child in case of an emergency and I will absorb all
debts incurred from such treatment.

Signed _____ Date _____
Printed name _____

PHOTO REALEASE AUTHORIZATION

I agree to allow my child's likeness to be used in Art Center publicity
(newspaper, brochures, newsletter, website).

Signed _____ Date _____
Printed name _____