

Medical Form and Releases
Alaska City Folk Arts Camp ❖ June 11-15, 2018

*This form is **required** for each student. It must be filled out & returned with the **Registration & Class Selection** forms.*
Student Information

Student's Name _____ Birth Date _____ Female Male

Student's Home Address _____ Zip _____ Message Phone _____

Name of Parent/Guardian _____ Address _____

Name of Parent/Guardian _____ Address _____

Reaching parent(s)/guardian(s) during the week of June 11-15, 2018

In order of priority list all cell, work, & message phones (with area codes), email, & any effective way to contact you:

1. _____ 2. _____ 3. _____ 4. _____

Emergency Contact

Whom should we call in an emergency if we are unable to reach the above parent(s)/guardian(s)?

Names/ Phone Numbers/ Email etc.:

Picking up your child from camp

Names and phone numbers of individuals permitted to transport your child from camp:

Medical Information

Doctor's Name _____ Dr.'s Office Phone (_____) _____

Doctor's Office Address _____

Does your child have any **allergies**, conditions or medical concerns that we should know about? No Yes

If Yes, explain _____

In case of a medical emergency during Alaska City Folk Arts Camp week 6/11/18 - 6/15/18

Mary Schallert, Director of Alaska City Folk Arts, or her designate, has my permission to seek emergency medical care for my child if I cannot be contacted in a reasonable amount of time. If necessary, I understand that my child will be transported to the nearest hospital and that every effort will be made to contact me, or my above designate, as soon as possible.

Parent/Guardian Signature _____ Date _____

Permission to Photograph

I hereby grant Alaska City Folk Arts Camp and Schallert Folk Music full permission to use any photographs, video, or digital recordings, comments, or any other record of this event at any time for any legitimate purpose (this may include myself, family members, or participating student).

Parent/Guardian Signature _____ Date _____

Do Not Photograph

Parent/Guardian Signature _____ Date _____