

Pre-College Programs // Emergency Contact Information

REQUIRED: Please print clearly, fill out form completely, and turn into office prior to first class.

Child #1: Name: _____ Age: _____ Birthdate: _____

All Course Titles: _____

Address: _____

Child #2: Name: _____ Age: _____ Birthdate: _____

All Course Titles: _____

Address: _____

Address: *If same as above check box* _____

Primary Parent/Guardian: _____ Driver's License Number: _____

Address: *If address same as above check box* _____

Phones: Daytime: _____ Evening : _____ Cell: _____

Best Phone Number to Contact: Cell Daytime Evening

Secondary Parent/Guardian: _____ Driver's License Number: _____

Address: *If address same as above check box* _____

Phones: Daytime: _____ Evening : _____ Cell: _____

Best Phone Number to Contact: Cell Daytime Evening

Emergency Contacts and Individuals Authorized to Sign Child In / Out of Class

Please provide a minimum of *TWO* Emergency Contacts:

Name 1: _____ Phone: _____ Relationship to student: _____

Name 2: _____ Phone: _____ Relationship to student: _____

Additional Names (optional):

Name 3: _____ Phone: _____ Relationship to student: _____

Name 4: _____ Phone: _____ Relationship to student: _____

Please Note:

The law requires that guardians sign their minor child/children in and out of class. In the event of an emergency your child/children will not be released to any person that is NOT listed on the emergency contact list. If your child/children need(s) to be picked up by someone not included on this list, both verbal (in person or by telephone) and written authorization are required, and identification is required at the time of pick-up.

For students 13 and older: I give my child permission to sign themself in and out of class.

Complete Side 2 ►



Child #1: Name: _____ Child #2: Name: _____

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List any specific health concerns (i.e.: illnesses, disabilities, allergies, food allergies, severe allergies, etc.)

Does your Child carry an **EpiPen Jr**®? Yes ___ No ___

Does your child require any additional accommodations while attending the Young Artists Workshops due to any of the following conditions? (i.e. Autism, Asperger's Syndrome, Dyslexia, ADD, ADHD, Auditory or Visual impairment)

Emergencies

In case of an emergency, Otis Continuing Education and Pre-College Programs will make every effort to contact the Guardians of the child involved, before any treatment is begun. However, in the event of an emergency, if we are unable to make contact with you, the Guardians, we require this medical release to be signed by all participants in this program.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY OTIS CONTINUING EDUCATION AND PRE-COLLEGE PROGRAMS TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR MY CHILD.

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold Otis Continuing Education and Pre-College Programs, its Representatives, Directors, Counselors, and Staff, harmless therefrom.

Guardian's Name: _____

Guardian's Signature: _____ Date: _____

Name of Insurance: _____ Policy Number: _____

Insurance Telephone Number: _____

Release of Liability

I hereby agree to hold harmless Otis College of Art and Design and Continuing Education and Pre-College Programs, Staff, Directors, Administrators, and members of the Board of Governors from any liability related to any and all Otis College of Art and Design and Continuing Education and Pre-College Programs activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for Children and the areas where such activities and programs take place.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND BY SIGNING I AGREE TO THE TERMS INCLUDED ABOVE.

Guardian's Signature: _____ Date: _____