

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 College Extension 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 COLLEGE EXTENSION 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 College Extension, 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 Otis College Extension, 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 Otis College Extension 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: _____