

Emergency Information Form

TCAN Children's Educational Programs

Dear Parent/Guardian: Please bring this completed form to the first day of your child's class.

Program Name: _____ Date: _____

To ensure the safety and health of all children, we request that the following information be provided for purposes of emergency assistance should it be required. **Please note that this form must be completed with all information and signed by a parent or legal guardian prior to participation in program activities.**

Child's Name: _____ Age / DOB: _____

Mother's Name*: _____ Mother's Phone #: () _____

Father's Name*: _____ Father's Phone #: () _____

Add'l Emergency Contact: _____ Add'l Emergency Contact Phone #: () _____

Doctor's Name: _____ Doctor's Phone #: () _____

Dentist's Name: _____ Dentist's Phone #: () _____

Insurance Company _____ Insurance Policy # _____

* Please make a notation if a legal guardian.

Please list any special considerations (Allergies, Asthma, etc.) _____

Is your child currently under the care of a physician? Yes No

Authorization for medical treatment:

I hereby give permission to the Program Instructors to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Guardian or Parent's Signature _____ Date: _____

Emergency Information Form

TCAN Children's Educational Programs

Program Name: _____ Date: _____

Child's Name: _____

Child pickup at end of each session

At the end of each session, your child will only be released to the following list of persons. Please note that a picture ID is required of the individuals at time of pickup:

Name: _____ Phone # () _____

Name: _____ Phone # () _____

Name: _____ Phone # () _____

Advertising and Promotion

TCAN and the Children's Program Directors frequently use pictures and/or video of program events for purposes of brochures, newsletters, and websites for TCAN and/or the Program Directors, and other media related to promotion of the program. Would you be willing to allow your child's image to be used for these purposes? **Yes No**

WAIVER & LIMITATION OF LIABILITY

Please accept the above named child as a VOLUNTARY PARTICIPANT in the above referenced Children's Educational Program. I freely accept and voluntarily assume all risks of injury and understand it is impossible to predict every situation that might arise through my child's participation. I elect to have my child participate in spite of these risks, which include but are not limited to muscle strains, sprains/breaks of bones, and spine injuries. I also agree to discuss and fully inform my children of these potential risks. I do hereby release, indemnify, and hold harmless The Center for Arts in Natick, the Program Directors and their agents, employees, organizers, and participants from any liability / accident claims in case of injury to my child. I do, likewise, release them from any and all present and future claims resulting from ordinary negligence on their part. Also, I assume full responsibility and certify my child is in good physical and emotional health and is capable to participate in this activity. I am aware this program provides NO HEALTH / ACCIDENT INSURANCE and that this is my responsibility. I have read and fully understand the contents of this waiver and I am signing it on behalf of my child. I realize it is binding, now and forever, on myself, my children, my heirs, and assigns.

Guardian or
Parent's Signature _____

Date: _____
