

2022 STUDENT MEDICAL INFORMATION RELEASE FORM

A completed and signed Medical Release Form is required for each child that attends a camp at the LUX Center for the Arts. This form provides important information for the safety and security of your child. **Complete the form below prior to the first day of camp.**

Child's Name: _____ Age: ____ Birth Date: _____

Home Address: _____

Parent/Guardian Name: _____ Phone Number: _____

Email Address _____

Parent/Guardian Name: _____ Phone Number: _____

Email Address _____

ALTERNATE EMERGENCY CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED

1. Full Name: _____ Relationship to child: _____

Phone Number: _____

2. Full Name: _____ Relationship to child: _____

Phone Number: _____

Parents/Guardians are required to sign in students ages 5-8.

Name(s) of person(s) other than parent/guardian to whom your child may be released:

Name: _____

Name: _____

Please note any special concerns of which we should be aware (allergies, asthma, medical conditions, special needs, recent/current illness, or injury, medications*, etc.):

****The LUX Center for the Arts will only administer emergency medications indicated by parents/guardians below. Parents/guardians are responsible for administering any other medications needed during camp hours.**

Please list any emergency medication your child may need:

I, individually or as parent and/or guardian of the minor child enrolling in a LUX Center for the Arts class hereby acknowledge the following notices and grant to LUX Center for the Arts, the following release from liability:

Liability: I understand that I, (the student) or my minor child (the student) will be completing projects that may use equipment when used improperly could cause bodily harm. Students will receive specific safety instructions from the teacher prior to using said equipment. Students will be expected to follow all safety procedures identified, demonstrated and reviewed by the teacher. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by myself/my child which might incur as a result of participating in this program and discharge and hold harmless LUX Center for the Arts from any claim, cause of action or liability for damages arising from any personal injury to me/my child or other persons or property caused by my participation in the LUX Center for the Arts class.

Medical Release: I realize it is my responsibility to inform the LUX Center for the Arts of any medical illnesses, allergies, or physical limitations that might inhibit myself or my child from participating in activities at LUX Center for the Arts. If necessary, I understand that if I or my child become ill or injured, the staff of LUX Center for the Arts will direct me to be taken to a physician or hospital as the situation or occurrence may dictate. I hereby authorize emergency medical treatment for the registered participant in the event of any illness or injury sustained during participation in the LUX Center for the Arts class. I acknowledge that if I or my child receives professional medical and/or related services due to an injury, I am obligated to pay for such services and LUX Center for the Arts shall not be liable for payment of such services.

Personal Belongings: In addition, I understand that LUX Center for the Arts is not responsible and is held harmless for damage to clothing, jewelry or other personal articles. I understand that valuable items are brought to LUX Center for the Arts at my own risk.

Publicity Waiver: Unless informed in writing, the LUX Center for the Arts may use photographs of my child and their artwork for publicity and/or promotional materials, including on their website.

By signing this document, the signer accepts all of the above mentioned.

Parent or Guardian's Name (please print) _____

Signature of Parent or Guardian _____

Date _____