



Emergency Form for Minors

Emergency and Medical Information

Student's name: _____ Birth date: ____/____/____

Please note order of notification, if different than listed below:

Mother's Name _____

Work# _____ Home# _____ Cell# _____

Father's Name _____

Work# _____ Home# _____ Cell# _____

Designated Responsible Adult Other Than Parents _____

Relationship to Child _____ Phone# _____

Name of Child's Health Plan _____ Membership# _____

Family Physician _____ Phone# _____

Special needs or conditions? Yes No

If yes, it is required to arrange a meeting with the Director, either by phone or in person, 707-762-5600.

Medical problems including allergies and special medications? Yes No

If yes, please explain _____

Yes, I give permission for photographs to be taken of my child making art to be used solely for marketing purposes for the Petaluma Arts Center.

In the event of a health related emergency, I authorize a representative of the Petaluma Arts Council to take my child to either the above named physician or the nearest Emergency Hospital for treatment and emergency measures deemed necessary for the safety and protection of my child.

Hold Harmless & Release Agreement: In consideration of participation in this program, the undersigned, on behalf of himself/herself on behalf of any minor child enrolled in the program by the undersigned in his/her capacity as parent or guardian, agrees to indemnify and hold harmless, and to release, waive, and discharge Petaluma Arts Council and its Board Members and employees from any and all liability for any injury, including death or property damage, arising out of or in any way connected with participation by the undersigned or the enrolled child in this program.

I HAVE READ THE ABOVE HOLD HARMLESS AND RELEASE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES & PROPERTY DAMAGE SUFFERED.

SIGNATURE OF PARENT OR LEGAL GUARDIAN:

_____ Date: _____