

Museum of East Texas • Art Camp 2010

Health and Safety Form

One health form is required **per participant**. Please fill out both sides completely and sign. Please print or type. **Students MUST have a completed, current health form to participate in Art Camp.**

Student Information

Full name _____ Date of Birth (MM/DD/YYYY) _____
Street address _____ City _____ State _____ Zip _____
Physician _____ Physician Ph. () _____ Preferred hospital _____

First Emergency Contact

Name _____ Relationship _____
Home Ph. () _____ Work Ph. () _____ Cell Ph. () _____

Second Emergency Contact

Name _____ Relationship _____
Home Ph. () _____ Work Ph. () _____ Cell Ph. () _____

Health History

NOTE: MUSEUM STAFF CANNOT DISPENSE MEDICATION

Known health problems (check all that apply):

- None
- Asthma
- Fainting
- Convulsions
- Diabetes
- Heart Trouble
- Other _____

Known allergies (food, insects, medications, etc.):

Student has difficulty with:

- None
- Eyes
- Ears
- Nose
- Throat
- Lungs
- Other _____

Additional comments:

Immunizations including DPT or Tetanus current as of (date) _____

The health history above is accurate and correct, and the person herein described has permission to engage in all scheduled activities unless otherwise instructed by me in the above section.

Parent/ Guardian Signature

Date

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Arrival/Departure Information

The Museum does not open until 8:30. Therefore, this is the earliest time you may drop off your children for Art Camp. Additionally, participants may not wait outside the Museum, but must be picked up inside. Please call the Museum if you will be late picking up your child.

The safety of your child is very important to us. Therefore, we require that Art Camp participants be picked up at the Museum **ONLY** by parents/guardians or those parents/guardians designated below.

Your child will only be released to a parent/guardian or person named below.

The following persons are authorized to pick up my child:

Name/Relationship _____ Phone () _____

Name/Relationship _____ Phone () _____

Name/Relationship _____ Phone () _____

Photo Release Information - Please initial Yes or No.

___ Yes ___ No

Photographs of my child, which may or may not be accompanied by identification, may be electronically produced by the Museum of East Texas for use in the Museum's website, in printed material, by video, or by any other method of mass communication.

Signature of Parent/Guardian _____ Date _____



Art Camp Exhibition

Art Campers, parents, and guests will be invited to a special reception to view their children's artwork on **Sunday, August 29, 2010 from 2:00 to 4:00 pm**. Work displayed during the Art Camp Exhibition will be collected during Art Camp and stored at the Museum until the Art Camp Reception Closing Exhibition, when it can be collected. Please indicate below if you would like for you child's artwork to be displayed during the Art Camp Exhibition.

___ **Yes**, please display my child's artwork during the Art Camp Exhibition and mail invitations to the following addresses:

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

Name _____

Address _____

City, State, Zip _____

___ **No**, we will not be participating in the Art Camp Exhibition.