

# Museum of East Texas • Art Camp 2009

## 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 30, 2009 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, when it can be collected. Please indicate below if you would like for you child's artwork to be shown during the Art Camp Exhibition.

\_\_\_ **Yes**, please show 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.