



Emergency Information and Pick-up Authorization

Child's Name: _____ Age: _____
Parent/ Guardian's Name: _____
Phone Number: _____ Email: _____
Camp: _____ Week of: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone Number: _____
Doctor's Name: _____ Phone Number: _____
Insurance Carrier: _____

Please list all persons authorized to pick-up your child:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Please list any allergies, illnesses, injuries, or medical conditions that may influence this student's participation in our program. If your child has a food allergy, please attach a written Allergy Action Plan detailing allergens, symptoms of a reaction, and steps to be taken in case of a reaction, and provided Museum staff with the necessary medications (Epi-Pen, Emergency Response Kit, etc.) The Columbia Museum of Art cannot dispense, monitor, or maintain medication for any student EXCEPT in the event of an allergic reaction for which we have received an Allergy Action Plan and the necessary medication.

I grant permission for my child's photo to be reproduced in future publications of the Columbia Museum or Art.

Signature of Parent/Guardian _____ Date _____