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