

Insurance Company: _____ Policy No.: _____

EMERGENCY TREATMENT PERMISSION: In case of emergency and in the event no one listed above can be reached, the Minnetonka Center for the Arts will need signed authorization to seek medical assistance for your child.

I give permission to the Minnetonka Center for the Arts, its employees and designated representatives, to use whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary by them for the care and protection of my child while under supervision of the Minnetonka Center for the Arts. In case of medical emergency, I understand that my child will be transported to appropriate medical facilities by a local emergency unit for treatment if the local emergency resource (police or paramedics) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parents' behalf.

Yes _____ No _____

PRESCRIPTION MEDICATION PERMISSION: I request the following medications listed below be given as prescribed by my child's physician during the school day. I release the Art Center personnel and teachers from any liability in relation to the administration of such medication. I understand that I will have to provide a physician's order for the administration.

Yes _____ No _____

Prescription Medications: _____

PUBLICITY: Also, in the event that Summer Arts Camp students are included in any publicity or publications involving the Minnetonka Center for the Arts, I give permission for my child to be photographed or filmed on video, and give the Minnetonka Center for the Arts the right to publish my child's photo, first name and/or written or illustrated work on Minnetonka Center for the Arts internet site, as well as other Art Center related sites and publications in connection with Art Center projects. I understand that my signature at the end of this form amounts to a waiver of any claim my child or I might have against any individual(s) or the Art Center due to the release of this information.

I hereby acknowledge, understand and agree that the Minnetonka Center for the Arts, its directors, administrators and employees shall not be responsible or liable for any damages of any type whatsoever, including personal injury and property loss arising from any activity or occurrence described in this form unless such damage or loss is the direct result of the willful or grossly negligent act of the Minnetonka Center for the Arts, its directors, administrators or employees.

Signing below, I agree to accept the rules and regulations of the Minnetonka Center for the Arts set forth in the Health and Publicity form and that appear in the student handbooks, catalogs and any other written or verbal communications from the Minnetonka Center for the Arts. I further confirm that I have read and agreed to be bound by the terms and conditions and agreements set forth herein.

Signature