

summer arts camp

MCFTA Health & Photo Release Form

Please complete both sides

1. Camper(s) Information

Camper one: first and last name

Camper two: first and last name

Birth Date: ____ / ____ / ____

Birth Date: ____ / ____ / ____

List all allergies:

List all allergies:

☐ Carries an EpiPen or inhaler

☐ Carries an EpiPen or inhaler

Health or behavior-related information that will help us provide an optimal camp experience:

2. Parent/Guardian Information

Parent/Guardian first and last name

Primary Phone #

Secondary Phone #

Parent/Guardian first and last name

Primary Phone #

Secondary Phone #

Street Address

City

State

ZIP Code

3. Emergency Contact Information (in addition to parents/guardians listed above)

First and last name

Relationship to child

Primary Phone#

Secondary Phone #

First and last name

Relationship to child

Primary Phone#

Secondary Phone #

4. Medical Information

Pediatrician or clinic name

Phone #

Preferred hospital in event of emergency

Insurance Company

Policy Number

Signature required next page 

MCFTA Health & Photo Release Form (page two)

5. Emergency Treatment Permission

In case of emergency and in the event that none of the emergency contacts can be reached, the Minnetonka Center for the Arts will need signed authorization (below) 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 emergency contacts acting on the parents' behalf.

_____ Yes _____ No

6. Prescription Medication Permission

I request that the medications listed below be given as prescribed by my child's physician during the Summer Arts Camp session. I release the Minnetonka Center for the Arts personnel and teachers from any liability in relation to the administration of such medication. I understand that I must provide a physician's order for the administration.

_____ Yes _____ No

Child and Prescribed Medications:

7. Photo Release

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 video recorded and give Minnetonka Center for the Arts the right to publish my child's photo (with first name only or no name) and/or written or illustrated work in the Minnetonka Center for the Arts website, catalog or other webpages or publications related to Summer Arts Camp or in connection with Minnetonka Center for the Arts 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 Minnetonka Center for the Arts due to the release of this information.

_____ Yes _____ No

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 Photo Release Form and that appear in the Summer Arts Camp catalog or any other written or verbal communications from the Minnetonka Center for the Arts. I further confirm that I have read and agree to be bound by the terms and conditions and agreements set forth herein.

REQUIRED Signature of Parent/Guardian

Date