

Personal Data and Emergency Information Sheet

(Required prior to class or camp)

Child's Information

Last Name _____ First Name _____ Sex _____ Date of Birth _____

Parent/Guardian Information

NAME (S) _____

Best Phone Number to reach you at in case of an emergency: _____

Best Email address to contact you: _____

Health and Emergency Contact Information

Name of person to contact if parents cannot be reached

Relationship to child _____ Phone _____

Alternative name of person to contact if above contact cannot be reached

Relationship to child _____ Phone _____

Please describe any medical conditions of the child, including allergies:

Physician Information

Name of Physician and/or Emergency Treatment Facility

Address _____

Phone: _____

I, _____, Father, Mother or Guardian of _____
(child) do hereby give my consent to Washington Pavilion Management Inc. for said child to receive medical or surgical aid as may be necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when a parent or guardian cannot be reached. Consent is also given for Washington Pavilion Management Inc. or a duly appointed representative to transport said child for emergency medical treatment if a parent or guardian cannot be reached.

Signed _____ Date _____

For your child's safety, please list all persons to whom the child may be released. Please add more names if needed.

Name _____ Phone _____ Phone _____

Name _____ Phone _____ Phone _____

The Washington Pavilion of Arts and Science uses photograph and interviews of students for future publications,

promotional materials or educational materials, unless parents indicate otherwise.

Please DO NOT use my child in photos or interviews.

_____ Parent signature