

# MYSTICARTSCENTER

CREATIVITY CULTURE COMMUNITY

## EMERGENCY, MEDICAL, & LEGAL CONSENT FORM

Today's Date \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

### PICK-UP AUTHORIZATION

#### AUTHORIZED REPRESENTATIVES

The following people have permission to pick up this child from Mystic Arts Center programs:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

All authorized persons will be asked to present a photo ID upon pick-up. This list may be changed or added to at any date with written notice.

#### SELF RELEASE CONSENT (for students over the age of twelve years)

Selective release:

This student has permission by the parent/legal guardian to find his/her own transportation at the completion of a class **only** on select days as noted by the parent/legal guardian.

YES       NO

Full release:

This student has permission by the parent/legal guardian to leave at the completion of a class and find his/her own transportation.     YES       NO

### EMERGENCY CONTACTS

In the event of an emergency, Mystic Arts Center staff will make every effort to contact the parent or guardians of the child. In the case that we are unable to reach you, you give the following people permission to pick up your child:

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INFORMATION

Health Insurance Plan and #: \_\_\_\_\_

Name and Phone # of primary physician: \_\_\_\_\_

Does your child have any medical conditions?     YES     NO      If yes, please explain:

Has your child been recently hospitalized for any reason?

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Is your child receiving any medication? (Please note that MAC staff cannot administer medication. This information is required for emergency personnel)

YES       NO      If yes, please explain:

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Please list any allergies including food, insects, and drugs:

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If my child becomes ill or is injured and I cannot be contacted, I authorize the Mystic Arts Center staff to call for emergency medical transport and I authorize medical personnel to treat my child. I accept responsibility for any expenses incurred in the medical treatment.

YES       NO

I have read and understood the class policy and registration information as documented on the Mystic Arts Center website, including the following publicity policy and the child pick-up policy.       YES       NO

**PUBLICITY CONSENT**

I grant the Mystic Arts Center permission for use of photographs and/or images of my child and/or his or her artwork for educational, publicity, archival, or grant purposes. These images will be in print or broadcast formats. I understand that written requests denying this must be given at the time of registration or before the first day of class by the parent/legal guardian of student.       I accept       I refuse

Parent/Guardian's name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Mail to:**      Education Department, Mystic Arts Center  
**Or**            9 Water Street, Mystic, CT 06355  
**Fax to:**      (860)536-0610