

# Ohlone Art Camp Emergency Contacts

***This form must be completed and returned with payment.***

<b>Child #1</b> Name _____ Age _____ School _____ <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications.	<b>Child #2</b> Name _____ Age _____ School _____ <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications.
<b>Child #3</b> Name _____ Age _____ School _____ <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications.	<b>Child #4</b> Name _____ Age _____ School _____ <input type="checkbox"/> IS allergic to _____ <input type="checkbox"/> IS allergic to peanuts <input type="checkbox"/> is NOT allergic to any medications.

In case of emergency, I/we authorize Kristen L. Johnson to contact paramedics and transport my child/ren to the nearest hospital. \_\_\_\_\_ (Initial)

In case of minor scrapes, I/we authorize the use of an antibacterial spray to be used with a bandage. \_\_\_\_\_ (Initial)

***I understand that by signing this document, I am releasing Kristen L. Johnson and Graffik Dezine from any and all liability for personal injury, including physical, emotional, pain, and suffering injuries and/or property loss and damage which my child/ren incurs as a result of participation in the Ohlone Art Camp.***

Parent/guardian signature \_\_\_\_\_

Parent's name (please print): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**PLEASE CHECK PRIMARY PHONE TO BE CALLED IF NECESSARY DURING CAMP HOURS:**

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent #1 Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent #2 Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail (***PLEASE PRINT CLEARLY***): \_\_\_\_\_

Your email address is important for additional classes and early registration.

**In case of emergency please contact (if parents listed above are not available):**

**#1 Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_

**#2 Name:** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ City \_\_\_\_\_