



ART CAMP EMERGENCY FORM

Preschool through Grade 12

PLEASE MAIL OR FAX TO:
Birmingham Bloomfield Art Center
ART CAMP
1516 S. Cranbrook Road
Birmingham, MI 48009
FAX: 248.644.7904

Please list camp/s your child is enrolled in & include dates:

Student Name (Last, First)		Entering grade in fall term	Sex: M/F
Student Home Address			
City		Zip Code	
Date of Birth	Primary Phone		

IN CASE OF ILLNESS/EMERGENCY, PLEASE LIST PERSONS IN THE ORDER TO BE CALLED.

Parent/Guardian Name	Relationship	Check if authorized to pick-up
Home Phone	Cell Phone	Work Phone

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Home Phone	Cell Phone	Work Phone

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Home Phone	Cell Phone	Work Phone

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY SPECIFIC PHYSICAL/HEALTH PROBLEMS? YES NO
IF YES, PLEASE SPECIFY: _____

DOES YOUR CHILD REGULARLY TAKE MEDICATION? YES NO
IF YES, SPECIFY MEDICATION & DOSAGE: _____

If your child requires any medication to be kept at camp, please provide the items to the camp director and complete a PERMISSION TO ADMINISTER form by the first day of camp.

LIST ANY MEDICATION(S) THE STUDENT IS ALLERGIC TO: (Be Specific)

LIST ANY OTHER ALLERGIES THE STUDENT MAY HAVE : (Be Specific)

STUDENT'S PRIMARY PHYSICIAN: _____ Phone Number _____

HEALTH INSURANCE COMPANY _____ Policy Number _____ Hospital Preference _____

***FOR HIGH SCHOOL STUDENTS ONLY - DRIVER AUTHORIZATION: I authorize _____ to drive himself/ herself to class at the BBAC. Driver's license # _____
Signature & relationship to student _____

IN CASE OF EMERGENCY the school authorities have my permission to take such action as they deem necessary. In case of an injury or illness involving my son/daughter _____ and when neither parent/ guardian can be reached at the phone number shown, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.	
Parent/Guardian Signature _____	Date _____

I understand that neither the BirminghamBloomfieldArtCenter, nor anyone connected with the BBAC Summer camp assumes responsibility for accidents, medical, dental, or other expenses incurred as a result of attending this camp. In case of injury or illness, necessary emergency treatment is authorized.	
Parent or guardian signature _____	Date _____