

BBAC Art Camp Emergency Form

Complete for All Camps & Workshops
Preschool to Grade 12

All camp forms and special requests must be received by MAIL or EMAIL at least ONE week prior to the first day of camp.

EMAIL - Camp@BBArtCenter.org

MAIL - Attn: Art Camp
Birmingham Bloomfield Art Center
1516 S. Cranbrook Road
Birmingham, MI 48009

****List ALL BBAC camp/s your child is enrolled in & include session dates****

Student Name (Last, First)	Entering grade in Fall	Date of Birth	Age
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Student Home Address	City/State	Zip Code	Primary Phone
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In case of emergency, please list below the persons in the order to be called

Health Information & Medical Alerts

1 Parent/Guardian _____ Relationship _____
Cell Phone _____ Secondary Phone _____

Does your child have any specific physical/health problems? YES NO
If yes, please specify: _____

2 Parent/Guardian _____ Relationship _____
Cell Phone _____ Secondary Phone _____

Does your child regularly take medication? YES NO
If yes, specify medication and dosage: _____

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

3 Parent/Guardian _____ Relationship _____
Cell Phone _____ Secondary Phone _____

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

Student's, Primary Physician _____
Phone Number _____

If your child requires medication during camp hours, a parent/ guardian must complete the PERMISSION TO ADMINISTER FORM and give the required dosage of medication to the camp director prior to the first day of camp. This includes EpiPens and inhalers.

HEALTH INSURANCE COMPANY _____

Hospital Preference _____

Parent/Guardian signatures required below:

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 numbers provided, 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 Birmingham Bloomfield Art Center, 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/Guardian Signature _____ Date _____

Please list anyone authorized to pick up your child at camp and their relationship to the camper, not including the parents/guardians listed above.

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

PLEASE PRINT THE EMAIL ADDRESS WHERE YOU WOULD LIKE ALL CAMP COMMUNICATION TO BE SENT WITH RECIPIENT'S NAME.

EMAIL:	NAME:
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