

# 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 TWO weeks 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

**Camp/Workshop Refund Policy—parent/guardian signature required**  
To receive a full refund less \$25.00 processing fee, a student must withdraw 10 or more BBAC business days before the start date. To receive a 50% refund less \$25.00 processing fee, a student must withdraw from one to nine BBAC business days before the start date. No refunds on or after the first day of a summer youth/teen camp or workshop. I have read and understand the camp/workshop refund policy

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_