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

Student Home Address | City/State | Zip Code | Primary Phone

In case of emergency, please list below the persons in the order to be called

1 Parent/Guardian_____Relationship_____

Cell Phone_____Secondary Phone_____

2 Parent/Guardian_____Relationship_____

Cell Phone_____Secondary Phone_____

3 Parent/Guardian_____Relationship_____

Cell Phone_____Secondary Phone_____

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 Information & Medical Alerts

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 and dosage:

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 _____

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_____