



Student Information

student name		age	
school attended		grade (fall of 2010)	
parents name(s)		e-mail	
address	city	state	zip
()	()	()	()
home phone	cell phone	office phone	

Emergency Information

If an emergency arises during the sessions who should we contact?

name		relationship to child	
()	()		
phone	cell phone		
	()		
family physician	phone		

does your child have a food allergy?	Yes	No	if yes, please specify
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additional medical information we should be aware of? please continue on back of this form as necessary.

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter

_____ to receive the necessary medical treatment in the event name of an injury or illness while attending the 2010 Summer Arts for Youth program. I also hereby hold Mount Mary College and its representative harmless in the exercise of this authority.

parent/guardian signature	date
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Photo Release

_____ I do _____ I do not give Mount Mary College permission to use photographs taken of my child during the Summer Arts for Youth program for use in College promotional materials.

parent/guardian signature	date
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This form must be handed in to each instructor on the first day of class. One form per child in each family.