



Youth Medical Information/Permission Form

This form must be entirely complete before your child attends camp/class.

Name: _____ Entering Grade: _____ Age: _____

Daytime Phone: _____

Parent/Guardian name: _____

Email address: _____

Emergency contact: _____ phone: _____

Relationship: _____

Name/phone of adult(s) permitted to pick up this child from camp/class:

Mandatory Medical Information

Please check if your child/teen is subject to any of the following:

- ADD/ADHD Asthma Depression Fainting Hearing loss Sight loss
 Heart condition Seizure disorder other (please explain _____)

Describe the medical condition and list any medications your child may need to take during camp/class (please use back of sheet if needed).

List any allergies to food, insects, medication, etc. Describe allergic reactions and their severity. Indicate if your child needs to carry an epipen and if they are able to use it independently.

List any other condition or need that your child may have that instructors should know about:

(PLEASE SIGN ON BACK)

This information is correct and complete as of _____(date).

I agree to update this information if it changes by contacting the Art Association at 307-733-6379. In case of emergency, I give permission to the Art Association of Jackson Hole to seek medical treatment for my child.

Parent/Guardian Signature

As privacy is of utmost importance to the Art Association of Jackson Hole, any information shared here will only be shared with pertinent Art Association of Jackson Hole staff to ensure the safety and well-being of your child.



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