ART ASSOCIATION OF JACKSON HOLE

Youth Education - Medical Information and Permission Form

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

Student Information

Student Name:____ Grade Level:_____ Birthday:_____________

Parent/Guardian Name:____ Phone:_________________________

Email Address:____

Emergency Contact:____Phone:____________________________

Relationship to Student: ____

Mandatory Medical Information

1. Please check if your child is subject to any of the following:

- ☐ ADD/ADHD
- ☐ Allergy/Anaphylaxis
- ☐ Asthma
- ☐ Anxiety
- ☐ Depression
- ☐ Diabetes
- ☐ Fainting
- ☐ Hearing loss
- ☐ Sight loss
- ☐ Heart condition
- ☐ Seizure disorder
- ☐ Other (please explain)_________________________

2. Medical: Describe the medical condition and list any medications your child may need to take during camp/class *(please use space on the second page, if needed)*.

3. Allergies: 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 *(please use space on the second page, if needed)*.

Has your child been stung by a bee?

- ☐ Yes
- ☐ No

If yes, please describe their reaction. __________________________________

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

The above 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 (extension 1). 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.

(Additional space for answers to questions 2 and/or 3, if needed)