



ART ASSOCIATION OF JACKSON HOLE

Youth Education - Student Information and Permission Form

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

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:

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Allergy/Anaphylaxis | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sight loss |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (please explain) _____ |

2. Medical: Describe the medical condition and list any medications your child may need to take during camp/class.

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.

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:

Drop-Off/Pick-Up Information

Please complete both sections as this form is valid for one calendar year.

<i>During 2022 Summer Camp</i>	<i>During 2022-2023 School Year</i>
<p>How will your student travel TO our programming during the summer?</p> <p>_____</p> <p>_____</p> <p>How will your student travel home FROM our programming during the summer?</p> <p>_____</p> <p>_____</p>	<p>School Attending for 2022-2023 Year: _____</p> <p>Please check the box that best describes how your student will travel TO our programming:</p> <p><input type="checkbox"/> START bus</p> <p><input type="checkbox"/> Parent/Guardian Drop-Off</p> <p><input type="checkbox"/> Multiple Parent/Guardian Drop-Off</p> <p><input type="checkbox"/> Walking to the program</p> <p><input type="checkbox"/> Activity bus (if available)</p> <p><input type="checkbox"/> Other: _____</p> <p>Please check the box that best describes how your student will travel home FROM our programming:</p> <p><input type="checkbox"/> START bus</p> <p><input type="checkbox"/> Parent/Guardian Pick-Up</p> <p><input type="checkbox"/> Multiple Parent/Guardian Pick-Up</p> <p><input type="checkbox"/> Walking from the program to (<i>circle one</i>) home parent work other: _____</p> <p><input type="checkbox"/> Other: _____</p>

Please list the adult(s) who are permitted to pick up this student from class/camp:

- Name: _____ Relationship: _____ Phone: _____
- Name: _____ Relationship: _____ Phone: _____
- Name: _____ Relationship: _____ Phone: _____
- Name: _____ Relationship: _____ Phone: _____

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. I maintain that the Art Association is not responsible or liable while my child is in transit to or from Art Association programming.

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.