

the

LINDSAY
GALLERY

for the art in everyone

Emergency Contact Information and Release Form

We ask that you deliver your child to the designated classroom and personally collect him/her at the end of the session. If you are making arrangements for someone other than yourself to pick up your child, please inform the instructor or supervisor.

Emergency Contact Information

Child's Name #1 _____ Age _____

Child's Name #2 _____ Age _____

Any Allergies, Health Conditions or Behavioural Issues that Instructors should be aware of?

Child #1 - Health Card Number _____

Child #2 - Health Card Number _____

Primary Contact Name: _____ Phone Number _____

Emergency Contact Name: _____ Phone Number _____

I understand that the art instructor or designate will act as my agent to engage medical attention and/or hospitalization if deemed necessary.

Parent/Guardian Name (Please Print)

Parent /Guardian Signature

Date _____

NOTE: No Lindsay Gallery staff member, instructor or volunteer shall administer **Medication** of any kind to a child. If a child has an allergy or medical condition that may require a quick response with medication, the parent or another responsible adult who is a not a Gallery Member and who has the parent's written permission, is welcome to stay in the child's class (as an observer only) in the event of that child's need.

Release Form

I, _____, give permission for pictures of my child/children and/or their
Parent/Guardian Name (Please Print)

work to be used in promotional materials for the Lindsay Gallery and Lindsay Gallery art classes.

Child's Name #1(Please Print): _____

Child's Name #2 (Please Print): _____

Parent/Guardian Signature

Date