

THE LINDSAY GALLERY
for the Art in Everyone

Emergency Contact Information and Release Form

With the safety of your child in mind, we ask that you complete the form below and deliver it to the instructor at the beginning of the first art class

We also 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.

Emergency Contact Information

Child's Name _____ Age _____

Allergies or Health Conditions instructors should be aware of

Child's Health Card Number _____

Parent's Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

(Please give emergency contact's phone number on the date of the workshop)

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 _____

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 _____
Parent/Guardian Name (Please Print) Child's Name (Please Print)

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

Parent/Guardian Signature

Date

Additional Child - if applicable

I, _____, give permission for pictures of _____
Parent/Guardian Name (Please Print) Child's Name (Please Print)

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

Parent/Guardian Signature

Date