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 our facilities 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 Kawartha Potters Guild 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 Guild 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 Kawartha Potters Guild and
Kawartha Potters Guild 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 Kawartha Potters Guild and
Kawartha Potters Guild art classes.

_____   _____
Parent/Guardian Signature   Date