

Yocum Institute for Arts Education, Summer Camps & Workshops

Release for educational and promotional use of images.

During the summer, there will be times while your child is involved in activities that will be photographed and/or recorded by the Yocum Institute for Arts Education for educational and promotional purposes (i.e. grant requests, catalogs, the Yocum Institute's website, BCTV, advertisements, capital campaigns, documentation of children's learning).

Please sign below if you grant Yocum Institute for Arts Education permission to use your child's image for these purposes.
(images only, we will not publish a child's name)

Name of Child

Birthdate

Parent/ Legal Guardian's Signature

Date

Medical Release & Information

Does your child have any allergies we should be aware of (including food):

To provide your child with a positive camp experience, does your child have any physical or emotional challenges that would be helpful to know about? i.e. Extreme Shyness, IEP, sensory disorder, ADHD)

Please attach or write on the reverse of this form any medications or treatments our staff needs to be aware of for your child (i.e. epi-pen, inhaler) along with a note or copy of the prescription from the Doctor.

I hereby authorize the Yocum Institute of the Arts or its agent to secure medical attention on my child's behalf if the situation is deemed to require prompt emergency care occurs. I understand that a strong effort will be made to contact the emergency person(s) listed below as soon as possible to coordinate care. I also understand that a strong effort will be used to use my preferred hospital and physician listed below. I furthermore will not involve the Yocum Institute for Arts Education in any financial obligations incurred for securing my child's care.

Name of Child

Birth date

Person(s) to be called if child becomes ill while at camp:

Name

Phone

Relationship to child

Name

Phone

Relationship to child

Name

Phone

Relationship to child

Preferred Hospital

Phone

Preferred Doctor

Phone

Parent/ Legal Guardian's Signature

Date