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PERMISSION TO PARTICIPATE IN SUMMER ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities in the summer program.

I hereby grant permission for my child to take walks around the building or to Gateway Garden Center under proper supervision of a staff member from Art First.

I hereby grant permission for my child to be included in photographs connected with the program and possibly used for marketing Art First, Inc. in print and digital formats.

I understand the staff will only release a child to the parents/guardians unless written notification is given by the parent/guardian prior to dismissal. The person will be required to show official photo identification.

I understand that Art First reserves the right to make staff substitutions if needed and modify curriculum to meet class needs.

I hereby grant permission for the Art First Program Director, Coordinator, or Designated Instructor to take whatever steps necessary to obtain emergency medical care for my child if warranted. These steps include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact other persons listed on the medical health form.
3. Attempt to contact child's physician.
4. If the emergency warrants immediate attention, Art First will call paramedics and the child will be taken to the nearest medical facility. I understand that any expenses incurred will be paid by the child's parent or guardian.

Child's Name: _____

Birth Date: _____

Parent/Guardian Signature: _____