

GROUP: _____
(office use)

ART LEAGUE OF LONG ISLAND
Permission Slip & Medical Information
Form

SESSION(S):
1 2 3 4 5

I, _____ hereby give my permission for my child _____
Parent/ Guardian Child/Teen name, please print

to participate in the Art League's Summer Art Adventure. Child/Teen's age _____ Birthday _____
Grade in school (last year) _____. **Please list all medical information which the staff should be aware of. All information will be held in confidence.**

Allergies (be specific) _____

Asthma _____

Other Medical Conditions _____

Learning Disabilities/Special Accommodations: _____

HOME TEL # _____ CELL #: _____ WORK TEL #: _____

If you can not be reached, your designated back-up person is _____

Relationship to child _____ Phone number _____

Primary Pediatrician's Name _____ Phone number _____

In case of a life threatening situation, I give my permission for assistance to be given to my child.

Signed: _____ Date: _____

SUMMER ART ADVENTURE
ART LEAGUE OF LONG ISLAND

EMERGENCY PICK UP FORM

If I cannot pick up my child _____ from the Summer Art Adventure in the case of a national, state, or local emergency, I authorize the following person(s) to pick up my child.

First designated person:

Name: _____

Street Address: _____

City: _____, NY Zip: _____

Home Phone: () _____ Cell Phone: () _____

Second designated person:

Name: _____

Street Address: _____

City: _____, NY Zip: _____

Home Phone: () _____ Cell Phone () _____