

**EMERGENCY/MEDICAL
INFORMATION
PLEASE PRINT**

STUDENT

Student Name: _____

Birth Date: _____

Student Age: _____

Sex: _____ (M or F)

Student Cell Phone Number: _____

EMERGENCY AUTHORIZATION

In an emergency, if a parent/guardian cannot be reached, I authorize the American Academy of Art to proceed with medical care as required.

Signature of Parent or Guardian: _____ Date: _____

EMERGENCY CONTACTS

Parent/Guardian

Last Name: _____ First Name: _____

Relationship to Student: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone Numbers Home: _____ Work: _____

Cell: _____

List at least one person who can be contacted in an emergency if a parent/guardian cannot be reached:

Last Name: _____ First Name: _____

Relationship to Student: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone Numbers Home: _____ Work: _____

Cell: _____ **INSURANCE INFORMATION**

Insurance Company: _____ Contact

Person: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Policy Number: _____ Group

Number: _____

Name of Policy Holder: _____ Policy Holder Birth Date: _____

FAMILY PHYSICIAN

Family Physician: _____ Phone

Number: _____

Address: _____ City: _____

State: _____ Zip: _____

STUDENT MEDICAL HISTORY

Indicate relevant medical history that the staff may need to ensure the safety and well-being of the student. Please be specific. In an emergency, this form may be the only source of accurate health information available. This information is strictly confidential.

Allergies

(specify) _____

Asthma _____

Diabetes _____

Heart

Disease _____

Lung

Disease _____

() Nervous System or Mental (epilepsy, emotional stress, convulsion)_____

() Skin Disease_____

() Other (specify)_____

Is the student allergic to any medications? ___Yes ___No

If yes, please list medications:_____

Is the student capable of reasonable physical activity? ___Yes ___No

If no, state the reason:_____

MEDICATION INFORMATION/STUDENT HEALTH MONITORING

List all medications taken regularly. List the need for the medication, its name, dosage, and frequency of administration.

SUMMER STUDIO 2019

Field Trip and Activities Permission Slip

Wednesday, August 7th, 2019: We will walk the surrounding area of the Academy (*Millennium Park, Grant Park, and Buckingham Fountain*) and have the opportunity to sketch and take pictures, *weather permitting*.

General Info:

- Field trips fall between 1 -2 hours.
- This form must be completed and turned in at Check-in Monday August 5, 2019. You will go to **The Gallery at 1:15 p.m.** and a High School Representative will be there to meet you.

Name: _____

_____ I will attend the Photo/ Sketching Tour on **WEDNESDAY, August 7th**

If you are under the age of 18, you will need a parent/guardian to sign this form.

Parent/Guardian Signature

Date

General Guidelines and Expectations:

1. Once you return from an evening activity, you are not allowed to leave the building. You may stay in your room or are welcome to be on the 2nd floor which is open 24 hours.
2. Always stay with your group during activities.
3. If there is an emergency please text/call your chaperone. Phone numbers will be provided.
4. As a guest at UC, you will follow the Quiet Hours Policy: Sunday-Thursday, 10pm-9am.
5. You are not allowed any guest(s) while staying at UC.
6. Smoking is prohibited anywhere in and/or around UC.
7. Please act in a respectful manner at all times.
8. Please meet an Academy representative in the Gallery after class each day. They will escort you back to UC.
9. Students are expected to attend class daily. Unless there is illness or other emergency situation, students are not allowed to remain in UC during school hours.

*Each chaperone will have a SUMMER GUEST HANDBOOK with more information regarding your stay at UC.

The Academy reserves the right to dismiss any participant at any time for any of the following reasons: possession or use of alcohol/illicit drugs, unacceptable dress, vulgar or discriminatory language, improper conduct as well as violation of the guidelines/expectations listed above.

I have read the guidelines and expectations and agree to adhere to them.

Student Signature

Date

Photo/Video/Audio Consent Form

Participant Information:

First Name: _____ Last Name: _____

Under 18 years of age:

I consent to the use of any photo, audio and/or video taken of my son/daughter during the Summer Studio Session to be used for promotional purposes, print, or media. I warrant that I am the parent or legal guardian of the minor described herein. In addition, I waive the right to compensation including royalties for the use of such photos.

Parent/Guardian Signature

Date

18 years of age or older:

I consent to the use of any photo, audio and/or video taken of myself during the Summer Studio Session to be used for promotional purposes, print, or media. I waive the right to compensation including royalties for the use of such photos.

Student Signature

Date

Release of Liability

I give permission for my son/daughter to leave University Center without a chaperone during the hours of 1:30 p.m. - 4:30 p.m. so that he/she can explore the area, shop, etc. I hereby agree that the American Academy of Art is not responsible for my son/daughter during this time. (We do ask that all students return to the University Center by 4:30 p.m. to get ready for dinner and plan for the evening activity which will be chaperoned by adults.)

I allow my son/daughter to leave the Academy during the designated break from 10:20 a.m. -10:50 a.m. I understand that the Academy is not responsible for my son/daughter during this time.

I also acknowledge that if my son/daughter leaves UC or the Academy without permission and without a chaperone, the Academy is not responsible for my son/daughter.

Student's Name

Parent/Guardian Signature

Date