

Summer Studio 2018

Parent/Guardian General Information

Here you will find general guidelines about the American Academy of Art's Summer Studio Program. Your son or daughter will also receive a folder at registration including their class schedule.

BUILDING ACCESS:

On the first day of registration your son or daughter may use the elevator to enter the American Academy of Art.

After the first day of class, **ALL STUDENTS** are required to use the student entrance that is located on Van Buren Street when entering and exiting the building. The student entrance is accessible from **7:30 a.m. until 3:00 p.m.** and is secured by a keypad. Students will receive an access code.

LUNCH:

Students are welcome to bring a lunch and eat in the student lounges where they will also find vending machines. If they want to buy their lunch, there are numerous restaurants within a short walking distance of the Academy. Information is included in their folder. The lunch break is from **10:20 a.m. until 10:50 a.m.**

ATTENDANCE:

To get the most out of the classroom experience, it is important students attend every class. If your son or daughter needs to miss a class, please call Katie Lavin at: 312-697-3135. Participants are expected to attend both classes with the exception of illness or other pre-approved circumstances.

DISCLAIMER:

The Academy reserves the right to withhold privileges and/or dismiss any participant at any time for any of the following reasons: possession or use of alcohol or illicit drugs, unacceptable dress, vulgar or discriminatory language or improper conduct.

The following forms include information regarding: field trips, emergency/medical contact, photo/audio/video consent, release of liability and Summer Studio Showcase.

All forms must be completed and turned in at registration in order for your son or daughter to participate in the Summer Studio program.

**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

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

Release of Liability

I allow my son/daughter to leave the Academy during the designated break from 10:20 a.m. until 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 the Academy without permission, the Academy is not responsible for my son/daughter.

Regarding field trips, I allow my son/daughter to leave early if necessary without a chaperone. (Example: Student needs to abide by a public transportation schedule.)

Student's Name

Parent/Guardian 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

SUMMER STUDIO 2018

Field Trip Information/Permission Slip

Summer Studio Field Trips are every Wednesday during the one and two week programs. Typical field trips include: visiting the Chicago Cultural Center; a tour of Chicago landmarks and public art; as well as events in The Gallery such as ping pong and other games. When off-campus, students are escorted by Academy staff and returned to the American Academy of Art building by 3:00 p.m.

By signing this form you are giving permission for your son/daughter to attend field trips if he/she is under the age of 18.

Student's Name: _____

Parent/Guardian Signature

Date

Students will receive a separate form to indicate their interest in attending field trips.

Summer Studio Showcase & Pizza Party 2018!

Hey Summer Studio Parents!!

Please come out to this fun event held on the last day of Summer Studio. This will be an awesome opportunity for you to see your students working in the studios and digital labs as well as view their finished work showcased in the Gallery. Pizza will be served at 1:05 p.m. in The Gallery. Information regarding tours of classes in session can also be found in your student's folder.

Name: _____

(Please check which applies to you.)

_____ Yes, I plan to attend the Pizza Party.

_____ No, I do not plan to attend the Pizza Party.

(If yes, please include the number of guests.)

I will have _____ guests.