

# EMERGENCY INFORMATION FORM | VMFA YOUTH & TEEN SUMMER STUDIO PROGRAMS

Student's Full Name \_\_\_\_\_ Gender  Female  Male  
Prefers To Be Called \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Title of Camp/Class\*** \_\_\_\_\_

*\*A new form is collected at the beginning of every camp/class in order for the instructor to retain immediate access to your child's up-to-date, emergency information. If your child is attending multiple classes and the information remains the same, we recommend making copies.*

Parent/Guardian \_\_\_\_\_ Cell/Primary # \_\_\_\_\_

Street Address \_\_\_\_\_ Secondary # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Cell/Primary # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Secondary # \_\_\_\_\_

**Other Person(s) Authorized to Pick-up Student** (You may include family members, carpool drivers, friends, etc.)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Pick-up Notice:** Students (under 13 yrs) must be picked up promptly at the end of class by an authorized pick-up person with a Photo ID. Late departures may result in dismissal from the program. If your child is not picked up within 10 minutes, VMFA staff will attempt to contact you, followed by the other contact and authorized pick-up person(s). If VMFA staff cannot reach contacts within 30 minutes, the student will be escorted to security staff who will then determine the next course of action. If you are running late, call **804.340.1438** and **804.340.1331**.

Family/Primary Doctor \_\_\_\_\_ Office Phone # \_\_\_\_\_

Dentist (optional) \_\_\_\_\_ Office Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Known Allergies \_\_\_\_\_ Reactions \_\_\_\_\_

Medical Conditions \_\_\_\_\_ Current Medications \_\_\_\_\_

Developmental Conditions \_\_\_\_\_ Special Needs \_\_\_\_\_

Do you have any additional information to share with the teacher that would help your child have a successful camp experience?

\_\_\_\_\_  
\_\_\_\_\_

*"I certify that the information provided above is accurate. I have read and understand the content provided in the **Studio Programs Information Sheet** and have reviewed the Studio Rules and Consequences with my child. My child has permission to participate in all program activities. While VMFA and its instructors make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will not hold the museum responsible for any accident or injury that may result during these activities. In the event of any medical emergency, I authorize VMFA Security Staff to administer first aid and/or to seek emergency medical treatment for my child."*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_