



Drawing Room
FINE ART & SCULPTURE
STUDIO

"like" us on facebook.com/drawingroomllc

27 Central Ave - 2nd Floor
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201-447-7272

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Medical Release Form

Wear sunscreen, bug spray and bring a water bottle!!

Authorization for Medical Treatment

PLEASE PRINT CLEARLY

RETURN COMPLETED FORM TO DRAWING ROOM ON FIRST DAY OF CAMP
NO ONE WILL BE PERMITTED IN WORKSHOP WITHOUT SIGNED MEDICAL RELEASE FORM

Carpooling with Name and Phone Number. Parent initial that this is OK

Child's Full Name	Child's Age	
Child's Address		
Parent Names		
Parents' Cell Phone & Email (for last minute weather changes or notifications)		
Emergency Contact Name (relation to child) and Number (if parent or babysitter cannot be reached)		
Insurance Carrier	Group ID Number	Identification Number
Doctor's Name and Telephone		
Doctor's Address		
<p>If Allergic to Bee Stings or sensitive to Poison Ivy/Sumac or highly sensitive to the Sun or Bug Bites – We do not recommend the Outdoor Workshop. Please indicate and note that The Drawing Room LLC and its staff cannot be sued or held accountable for any medical emergencies that may occur during the Workshop.</p>		
Parent/Guardian Signature		
<p>If my child should become ill or injured during the Workshop, I understand and agree that the staff of the Drawing Room LLC will contact you and/or the emergency contact person immediately.</p> <p>If the Drawing Room LLC cannot reach either party - the Instructor from The Drawing Room LLC is authorized to contact my child's physician and arrange for immediate emergency treatment at The Valley Hospital Emergency Room. Transportation will be provided by 911/ambulance or rescue squad.</p> <p>I release The Drawing Room LLC, and it's Instructors from all liability for any injuries that occur in any way connected in place, time or occurrence to this Outdoor Workshop Class.</p>		
Parent/Guardian Signature	Date	
Weather Permitting - if raining, class will be held at the school!		