



**2018 Summer Art Camp Medical Release Form  
Fuller Lodge Art Center – 2132 Central Avenue Los Alamos, NM**

Student Name: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_  
           Work: \_\_\_\_\_  
           Cell: \_\_\_\_\_

List all known medical conditions. Include allergies:

  
  
  

Emergency Contact: \_\_\_\_\_  
 Relationship to child/children: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

**Statement of Consent:**

In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_ hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes but is not limited to the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under recommendation of qualified medical personnel.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_



**Photography Consent Form / Release  
Fuller Lodge Art Center – 2132 Central Avenue Los Alamos, NM**

I, \_\_\_\_\_ hereby grant permission to the Fuller Lodge Art Center of Los Alamos, NM to take photographs and/or digital media of my child \_\_\_\_\_ for use in news releases and/or educational materials.

Image may be used in printed publications or materials such as class brochures or posters, electronic publications (such as email newsletters) or on the art center website, *fullerlodgearcenter.com*

Fuller Lodge Art Center agrees not to use children's names in connection with their images in any publication.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_