



Youth Medical Release/Permission Form p1

Name (first, middle, last) Sex: M F
Address City Zip
Phone Age Birth Date / /
School Grade
Parent's Name Phone (day) (eve)
Email Address
Alternate Contact Phone

Please read and initial the following:

- I give consent and authorize ArtWorks or its parent organization, the Scott County Arts Consortium, to use my child's name, photograph and/or artwork for education and public relations purposes. Yes No Initials
I give my permission for my child to participate in field trips organized by ArtWorks / Scott County Arts Consortium. Yes No Initials

Mandatory Medical Information

Please check if your child/teen is subject to any of the following:

ADD/ADHD Asthma Depression Diabetes Fainting Hearing Loss
Impairment of Vision Heart Trouble Seizure Disorder Other, please specify

List any medication and describe the medical conditions

List any allergies to food, insects, medication, etc. Describe allergic reactions and their severity.

Physician's Name Phone

(OVER)

Youth Medical Release/Permission Form p2

Mandatory Medical Information (continued)

Describe any mental or emotional challenges _____

Describe any behavioral issues that might pose a challenge to group learning (please be specific) _____

Please read carefully the following and initial.

- Should any injury occur during or as a result of participation in any ArtWorks / Scott County Arts Consortium class, workshop, camp or program I agree to indemnify and hold harmless ArtWorks / SCAC and all its employees, staff, instructors and volunteers connected with ArtWorks / Scott County Arts Consortium. **Initials** _____
- My child/teen has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and healthcare provider to provide medical treatment promptly for my child whether or not I am contacted and informed. **Initials** _____
- For a child/teen requiring medication: Designated ArtWorks / SCAC staff will dispense medication under physician's orders. Under statute ORS 30.800 and 30.807 (Good Sam Act), all medications must be in a prescription container clearly labeled with child's name, type of medication, dosage and times to administer medication to my above named child in the manner described by the physician's orders. **Initials** _____
- For a child/teen requiring injections: Generally ArtWorks / SCAC staff and instructors are not trained to administer injections or other medical procedures. ArtWorks / SCAC policy allows individual staff and instructors to voluntarily act under the statutes ORS 30.800 and 30.807 and administer requested injections or other medical procedures, should they individually choose to do so on a case-by-case basis. Instructions as to requested injections or medical procedures must be provided by the physician. I request ArtWorks/SCAC to inquire whether there are staff or instructors who are willing to consider acting under statute ORS 30.800 or 30.807 on a case-by-case basis should my above named child need an emergency injection or other medical procedure in the manner described in the physician's orders. ArtWorks/SCAC cannot guarantee that it will find willing staff or instructors to act under the statutes ORS 30.800 or 30.807 or that such staff or instructors will so act in every case. **Initials** _____

Signature of Parent/Legal Guardian _____ **Date** _____