



**Summer Art Camp @ The Center
Art for Kids With ASD (Ages 6-10)**

PLEASE NOTE THE FOLLOWING

Children should be escorted directly into the classroom. To avoid confusion and traffic congestion, we ask that parents park in parking spaces to drop off and pick up students. Please do not park in front of the door.

Pick-up time is 11:00 am promptly. Please come into the building for pick-up, as we cannot take responsibility for children in the parking lot. Parents: if you are not the one picking up your child you must provide the name of the person authorized to take your child home on the attached emergency form.

Staff members cannot provide childcare for students left after 11:00 am.

On the last day of camp there will be an exhibition of art work created by students. Family and friends are invited to view the show starting at 10:45 am and ending at 11:00 am. Please bring a shopping bag to carry your child's work home after the show.

**PLEASE REMEMBER TO BRING THE COMPLETED
EMERGENCY FORMS ON THE FIRST DAY.**

We are very pleased your child is joining us here at The Center for Contemporary Art for Summer Art Camp!

Norma Rahn
Education Director

Art for Kids With ASD (Ages 6-10)

BRING THIS EMERGENCY FORM ON THE FIRST DAY OF CLASS

CHILD'S NAME _____ AGE _____

ADDRESS _____

_____ ZIP _____

MOTHER _____ (H)PHONE _____ (W)PHONE _____ CELL _____

FATHER _____ (H)PHONE _____ (W)PHONE _____ CELL _____

GUARDIAN _____ (H)PHONE _____ (W)PHONE _____ CELL _____

EMERGENCY CONTACT _____ PHONE _____

PHYSICIAN _____ PHONE _____

ADDRESS _____

PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS _____

SPECIAL INSTRUCTIONS _____

In the event I am unable to pick up my child from Summer Camp, I authorize the following people to do so:

NAME _____ PHONE _____

NAME _____ PHONE _____

I do not want my child to be photographed for promotional purposes.

I grant permission to show my child's artwork on **Artsonia.com**. Email: _____

The Center for Contemporary Art will attempt to contact a parent or guardian in case of emergency. If we are unable to reach a responsible party, we will take reasonable measures to respond to an emergency situation.

I HAVE READ THE ABOVE AND HAVE PROVIDED ALL PERTINENT INFORMATION REGARDING MY CHILD.

Signature _____ DATE _____



2020 Burnt Mills Road · Bedminster, NJ 07921 · Phone: (908) 234-2345 · Fax: (908) 275-8828

Epinephrine Delegate Authorization Form

CHILD'S NAME _____

NAME OF
MEDICATION _____

Condition for which the medication is being administered during camp hours _____

I, _____, parent/guardian of the above named child, give authorization for a delegate to administer epinephrine via pre-filled auto injector mechanism in an emergency and/or in the event of an anaphylaxis reaction.

PARENT/GUARDIAN SIGNATURE

DATE

This authorization is valid from _____ through _____.

By signing this authorization the Center for Contemporary Art shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto injector mechanism to the above named child and that the parent/guardian shall identify and hold harmless the Center for Contemporary Art and its employees or agents any claim arising out of the administration of epinephrine via a pre-filled auto injector mechanism.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN

Refusal for Epinephrine Delegate

CHILD'S NAME _____ CAMP # _____

I, _____, parent/guardian of the above named child waive my right to have a delegate administer epinephrine via pre-filled auto injector mechanism or the child's self-administration of epinephrine via a pre-filled auto injector mechanism as ordered by my prescriber (MD, DO, ANP).

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN