



**Summer Art Camp @ The Center  
Art for Kids With ASD (Ages 11-15)**

**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 12:30 pm 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 12:30 pm.**

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 12:15 pm and ending at 12:30 pm. 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 11-15)

### 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