

**Summer Art Camp @ The Center**  
**Full-Day Art Camp: 9:30 am – 4:30 pm**

**PLEASE NOTE THE FOLLOWING**

**The building will open at 9:15 am for camp.** On the first day, all parents and students should check in at the table in the lobby.

**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 4:30 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. A late charge of \$10. per minute will be assessed for each child left after 4:35 pm.

**All full day students will have a supervised lunch break between 12:30 pm and 1:30 pm.** Children are to provide their own food and drink for snack times and lunch. Please do not send food containing nut products.

Please send along a smock or old shirt for your child to wear as a cover-up.

Staff may take pictures of classes throughout the week for promotional purposes. Children's names are never used with the photos. Please indicate on the emergency form if you do not want your child photographed.

The Center is a member of **Artsonia.com**, an online student art museum. Throughout the week, we may be uploading photographs of your child's artwork to The Center's online web gallery and provide you with a private log-in so you see what they have been creating. Please indicate on the emergency form if you would like to participate. Not all artwork will be able to be included.

There will be an exhibition of artwork created by students during the week on the last day of camp (Afternoon Pottery camps will not have an exhibition). Family and friends are invited to view the show starting at 4:15 pm and ending at 4:30 pm. Please bring a shopping bag to carry your child's work home after the show.

**Artwork created during the Afternoon Pottery Camps** will not be available to be picked up on the last day of camp. Pieces will be fired and parents notified when they are ready to be picked up (about two weeks later).

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

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

Norma Rahn  
Education Director

## Full-Day Art Camp: 9:30 am – 4:30 pm

### BRING THIS EMERGENCY FORM ON THE FIRST DAY OF CLASS

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT \_\_\_\_\_ (H)PHONE \_\_\_\_\_ (W)PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENT \_\_\_\_\_ (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 \_\_\_\_\_



## **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 \_\_\_\_\_

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