



**SUMMER SESSION CLASSES AT SWEETWATER CENTER FOR THE ARTS**  
**PERMISSION AND MEDICAL WAIVER/ACCOMONDATIONS FORM**  
**SUMMER 2018**

(Please Print or return via email)

The information that you provide on this form will be used to ensure your child's safe participation in programs at Sweetwater Center for the Arts. Please submit a completed form **before** your child begins class. Children without completed forms will not be permitted to participate.

CHILD'S INFORMATION					
Child's Last name:	First:	Middle:	Nickname: (Optional)	Birth date: / /	Grade:
Parent/Guardian Name(s):			Home Phone No.		
Street address:			Mobile Phone No.		
			Work Phone No.		
City:	State:	ZIP Code:	Email:		
EMERGENCY CONTACTS					
<p><i>Sweetwater strongly encourages parents and/or guardians to share your child's insurance information with your designated emergency contacts.</i></p>					
Name:	Relationship to student:	Home Phone No.:	Mobile Phone No.:		
1.	1.	1.	1.		
2.	2.	2.	2.		
			Work Phone No.:		
			1.		
			2.		
PERMISSION TO PICK UP CHILD(REN)					

I give the following individual(s) permission to pick my child(ren) up from class. Approved individuals are required to show Photo ID when picking up child(ren) from class.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLASS SELECTION** PLEASE LIST ALL CLASSES THAT THE STUDENT IS REGISTERED FOR SUMMER 2017

Class Title:	Course No.	Start Date:	End Date:
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**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

\* Please list **emergency medications** that your child will be taking while at camp:

\_\_\_\_\_

Please provide details that we should be aware of in order to keep your child safe.

\_\_\_\_\_

\_\_\_\_\_

\*Sweetwater Center for the Arts staff and/or volunteer(s) is not permitted to dispense non-emergency medication to children. If a child is unable to administer his/her own non-emergency medication, a designated adult should come to Sweetwater to dispense it.

Emergency medication should be labeled with the child's full name and given to the instructor at sign-in. Emergency medication will be stored in the child's classroom and taken on any field trips.

**PARENTS/GUARDIANS OF SWEETWATER STUDENTS, PLEASE READ, INITIAL AND SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE READ THE FOLLOWING POLICIES AND/OR GIVE SPECIAL PERMISSIONS:**

**CHILD DROP-OFF:**

\_\_\_\_\_ In order to keep your child safe; please escort him/her to camp every day.

**DISMISSAL POLICY:**

\_\_\_\_\_ A Photo ID is required by anyone who will be picking up your child(ren) from class.

\_\_\_\_\_ **If your child is 11 or older and is authorized to sign himself/herself into and out of class, please initial here.**

**UNACCEPTABLE BEHAVIOR CLAUSE:**

\_\_\_\_\_ Sweetwater expects children to be well mannered, attentive and respectful to others. The fun and safety of others will not be jeopardized by bad behavior.

**ILLNESS:**

\_\_\_\_\_ If your child becomes ill or if illness is detected, we will contact you to arrange for your child to be picked up. Keep your child home if your child is vomiting, has a rash, eye infection, sore throat, fever or is not feeling well.

**PHOTO AND PUBLIC RELATIONS RELEASE:**

\_\_\_\_\_ I hereby grant permission to Sweetwater to use my child's photograph and his/her work for promotional purposes, which include Sweetwater online and print publications or submission to the press for use in articles or advertisements.

\_\_\_\_\_ I do not authorize Sweetwater to publish photographs taken of my child.

**EMERGENCY WAIVER AND AUTHORIZATION:**

\_\_\_\_\_ This health history is correct to the best of my knowledge. I understand that participation in Sweetwater Summer Camps is completely voluntary. The staff and volunteers of Sweetwater will make every effort to ensure the safety and health of each participant. I understand that there are certain risks for physical injury in any program and agree to assume full risk of any injury which might occur as a result of participation in Sweetwater activities, and I will not hold Sweetwater or its staff and volunteers responsible.

In the event of an emergency, I hereby give consent to authorize personnel to administer emergency treatment to my child, including securing proper treatment at a hospital, if necessary. I understand that any medical expenses will be billed directly to me and/or my insurance company.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACCOMMODATIONS:**

<b>Will a TSS be accompanying your child? Y/N</b>  Name(s) of Therapeutic Support Staff or Aide:		<b>TSS Schedule:</b> M ___ T ___ W ___ Th ___ F ___	Supervisor or assigned Behavior Specialist Consultant:  Email:
Name of Agency:  Street address:		Phone No.  Mobile Phone No.  Work Phone No.	
City:	State:	ZIP Code:	Email:

**TSS or Aides should check-in with the Education Coordinator on the first day of his/her assignment with a Sweetwater student. If a TSS accompanies a student at Sweetwater, the parents/guardians should contact the Education Coordinator before the child's program begins.**

**The TSS or agency must provide Sweetwater with copies of all Clearances. Sweetwater asks that parents/guardians provide the instructor with an IEP or complete the short questionnaire below. This information will only be shared with adults directly responsible for the supervision, safety and/or instruction of the child and will be used to ensure your child has the highest quality experience possible while at Sweetwater.**

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Describe possible triggers your child might have and any methods that are used at home or in school to avoid negative responses:

Describe individualized goals you have for your child within the parameters of this program:

Describe reward systems and/or soothing methods that you have found to be effective at home or in school:

Please include any additional information that you feel might be helpful:

**Please return to Sweetwater ONE WEEK PRIOR to start date of class.**  
Sweetwater Center for the Arts / 200 Broad Street / Sewickley, PA 15143