

SUMMER CAMP PERMISSION SLIP AND MEDICAL WAIVER FORM SUMMER 2022

The information you provide on this form will be used to ensure your child's safe participation in programs at Sweetwater Center for the Arts.

Please complete and return this form by email to info@sweetwaterartcenter.org no later than 12 p.m. on the Sunday before your child's camp begins. If your child is registered for more than one camp you only need to submit this form once unless any information changes.

* Required

Demographic Information

1. Child's Full Name *

2. Child's Date of Birth *

Example: January 7, 2019

3. Child's home address (street, city, state & zip code). *

4. Full name of individual authorized to complete this form (hereafter referred to as *authorized individual). *

5. Full address of the authorized individual (street, city, state & zip code). *

6. Preferred (most reliable) phone number of the authorized individual. This will be the primary number used in case of emergency or as needed. *

7. Other phone numbers of the authorized individual (e.g. work or home phones) you'd like to provide.

8. Email address of the authorized individual. *

9. Relationship to child of the authorized individual (e.g. Parent, Grandparent, Legal Guardian, Aunt, Uncle, Family Friend, etc.). *

EMERGENCY CONTACTS

Please provide up to 3 emergency contacts. Only one is required. Sweetwater strongly encourages parents and/or guardians to share your child's insurance information with your designated emergency contacts.

10. Emergency Contact #1: Please provide the following: *

Name:

Relationship to child:

Preferred phone number:

11. Emergency Contact #2: Please provide the following:

Name:

Relationship to child:

Preferred phone number:

12. Emergency Contact #3: Please provide the following:

Name:

Relationship to child:

Preferred phone number:

13. Are your above listed Emergency Contacts authorized to pick-up your child from Sweetwater in the event of an emergency or other situation that requires them to leave the facility? If yes, please ensure they are prepared to show valid ID if requested. *

Yes

No

14. If there is an additional person you would like to add as authorized to pick-up your child after camp please provide the following: Ensure they are prepared to show a valid ID if requested.

Name:

Relationship to child:

Preferred phone number:

Name:

Relationship to child:

Preferred phone number

MEDICAL INFORMATION

15. Does your child have any known allergies? *

Yes

No

If yes, please describe:

16. Please list any medications your child will be taking while at camp.

**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. This adult's full name, relationship and phone number should be listed below. Emergency medication should be labeled and sent with the child the first day of camp. Emergency medication should be given to the staff member at drop-off and will be stored in the classroom.*

Please fully read the below and initial where indicated.

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

Initial:

18. If your child becomes ill or if ANY illness is detected, your child will be immediately isolated away from other students, volunteers and instructors. They will remain with one staff member or volunteer. We will call you to arrange immediate pick-up of your child – children must be picked up within one hour. Keep your child home if your child exhibits symptoms of Covid-19, any other symptoms of illness or in general doesn't feel well. *

Initial:

19. I acknowledge in the event of an emergency 911 may be called. I assume responsibility for any charges related to the care and treatment of my child and I will not hold Sweetwater or its staff, instructors or volunteers responsible. *

Initial:

Child Drop-Off and Pick-Up:

Please thoroughly read to ensure the smoothest and safest possible process for all students, parents/guardians, staff, instructors and volunteers. Please initial to indicate your understanding. As the start date of your child's camp begins, you will receive instructions for drop-off and pick-up depending on where your child's art studio is located in the building.

20. At pick-up, please park and return to the designated area to retrieve your child. Please be ready to show appropriate ID if requested by the staff, volunteer or instructor. *

Initial:

Unacceptable Behavior Clause

21. 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. Sweetwater reserves the right to remove disruptive children from the classroom and call their guardian or other authorized contacts to pick them up. *

Initial:

22. Describe possible triggers your child might have and any methods that are used at home or in school to avoid negative responses. A response is not required.

23. Describe reward systems and/or soothing methods you have found to be effective at home or in school, or any other information which may be useful. A response is not required.

Photo and Public Relations Release
Do NOT initial if you do not grant permission.

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

Initial:

Authorization and Electronic Signature

Electronically type your full name and the enter the date below where indicated.

25. Full Name *

26. Date of Signature *

Example: January 7, 2019

**Thank you for taking the time to complete the SUMMER CAMP PERMISSION SLIP AND
MEDICAL WAIVER FORM- we are grateful for your support,
and we look forward to meeting you!**

**Please contact Meredith Bigatel, Education Manager, at
mbigatel@sweetwaterartcenter.org with
questions or concerns.**

**Sweetwater Center for the Arts
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412-741-4405**