



# EMERGENCY AND PHOTO RELEASE FORM

THIS COMPLETED FORM MUST BE RECEIVED FOR YOUR CHILD TO ATTEND CLASS OR CAMP AT THE DURANGO ARTS CENTER. Please fill out both sides of this form and return to DAC with your signature ON or BEFORE your child's first day of camp/class. Please be sure to notify the office should any information need to be updated.

**RETURN THIS FORM TO:** Durango Arts Center, 802 E 2<sup>nd</sup> Avenue, Durango, CO 81301  
Or email to [Emily@durangoarts.org](mailto:Emily@durangoarts.org)

## EMERGENCY INFORMATION

DAC CAMP / CLASS YOUR CHILD IS ATTENDING: \_\_\_\_\_

CHILD'S FIRST/LAST NAME: \_\_\_\_\_ DOB (mm/dd/year): \_\_\_\_\_

BOY     GIRL    SCHOOL: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

HOME ADDRESS (street, city, state, zip): \_\_\_\_\_

PRIMARY GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

ADDITIONAL GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

Please list other people we may contact in case of an emergency, and/or who have permission to pick up your child from camp/class:

1.NAME: \_\_\_\_\_ PH #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2.NAME: \_\_\_\_\_ PH #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## HEALTH INFORMATION

Does your child have special needs or any known learning differences or delays we should know about?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you feel we should know about your child or any special accommodations needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child need an Epi-Pen for allergic reactions?\*  **yes**  **no**

Does your child require medication during camp/class hours?\*  **yes**  **no**

Does your child have any medical conditions or allergies?\*  **yes**  **no**

\*If you answered yes to any of the questions listed above, please attach additional information.

**PLEASE COMPLETE BOTH SIDES →**

## HEALTH INFORMATION, Continued

Durango Arts Center staff will not administer any medications or inhalers to students but will monitor while the student self-medicates. Epi-Pens will be administered in case of emergency ONLY if written authorization is given and written instructions accompanying the medication have been supplied **ONE WEEK prior to the start of the session. Epi-Pens must be carried with child at all times during camp in a labeled bag.**

In the case of minor cuts, and scrapes, DAC staff will clean the wound and if necessary apply a topical antibiotic such as alcohol or Neosporin. Please let us know if your child has any allergies to first aid supplies.

**Please list & describe medications that your child is currently taking or may need in an emergency.**

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**I hereby authorize the Durango Arts Center and/or its representatives to:**

- Initiate Emergency Medical Services and emergency care for my child in the unlikely event that we are unable to reach emergency contacts.**
- Clean and/or apply topical antibiotics on superficial cuts, scrapes or wounds.**
- Administer an Epi-Pen according to the WRITTEN DIRECTIONS, which I have provided.**

## PARENTAL CONSENT

I, a parent/guardian of the above named child, hereby give my approval for his/her participation in any and all Durango Arts Center activities. I assume all risks and hazards incidental to such participation, and hereby waive, release, absolve, indemnify and agree to hold harmless Durango Arts Center and its agents and employees, from any and all liability and/or damages, whether the result of negligence or for any other cause.

I give my permission for the above named child to leave, on foot, the Durango Arts Center premises with the DAC teachers and/or interns for off-site trips for projects and to visit galleries and artist's studios.

**[PHOTO RELEASE]** I give my permission for any photographs, videotapes, sound recordings etc. taken of the above named child during the DAC workshops to be used for DAC promotional purposes only. This includes but is not limited to newspaper, brochures, flyers, web site, video, television, grant applications, etc.

I give my permission for a staff member of the DAC program to exercise her discretion to authorize medical treatment for the above named child in case of an emergency in my absence and if every reasonable effort has been made to contact me or the emergency contact and agree to be responsible for such treatment.

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

- I would like to speak to the Applause Program Director regarding my son or daughter's health.**

**Emily Simpson Grandt**  
Applause Program Director  
[Emily@durangoarts.org](mailto:Emily@durangoarts.org)  
(970) 259-2606, Ext 32