



Luisa Tio  
Art Camp  
Summer 2026

## EMERGENCY CONTACT INFORMATION

CHILD'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

1<sup>ST</sup> PARENT'S / GUARDIAN'S NAME: \_\_\_\_\_

1<sup>ST</sup> PARENT'S / GUARDIAN'S CELL PHONE: \_\_\_\_\_

1<sup>ST</sup> PARENT'S PLACE OF BUSINESS AND PHONE #: \_\_\_\_\_

2<sup>ND</sup> PARENT'S / GUARDIAN'S NAME: \_\_\_\_\_

2<sup>ND</sup> PARENT'S / GUARDIAN'S CELLPHONE: \_\_\_\_\_

2<sup>ND</sup> PARENT'S PLACE OF BUSINESS AND PHONE #: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

If I cannot be reached in an emergency, the following person is authorized to act on my behalf:

Name of designated alternate: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_



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## ALLERGY & MEDICATION INFORMATION

Child's Name \_\_\_\_\_

PLEASE NOTE: Please complete the form below even if you are not aware of any allergies that your child may have so that Ms. Tio has this information on file in case of an emergency. If you are not aware of particular allergies that your child may have but want to make it possible for Ms. Tio to administer Benadryl in the event that your child has an unexpected allergic reaction while at camp, please fill out this form and the additional form included below for Benadryl. Please note that the form requires a doctor's signature to authorize Ms. Tio to administer Benadryl.

Please describe any allergens in the following categories to which your child has had allergic reactions and describe how the reaction was manifested so such a reaction can be recognized if it occurs at camp.

Hay Fever / Pollen \_\_\_\_\_

Medications \_\_\_\_\_

Animals/Insects \_\_\_\_\_

Plants \_\_\_\_\_

Food (please be specific) \_\_\_\_\_

Other (please be specific) \_\_\_\_\_

Are there any special dietary modifications required? \_\_\_\_\_

Are there any other emotional needs or accommodations required? \_\_\_\_\_

Does your child need access to Benadryl, an EPIPEN, or other allergy medications in case of an emergency? \_\_\_\_\_ Which allergy medication? \_\_\_\_\_



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## ALLERGY & MEDICATION INFORMATION (continued - p. 2)

Child's Name \_\_\_\_\_

If you know that access to allergy medication is needed, please complete the appropriate medical forms included below and discuss a care plan for handling and administering the medication and responding to any medical emergencies with Ms. Tio.

Does your child need access to an inhaler? \_\_\_\_ If so, please complete the appropriate medical forms included below and discuss a care plan for handling and administering the inhaler and responding to any medical emergencies with Ms. Tio.

Date of last health exam: \_\_\_\_\_

Date of last tetanus shot (DTP or DT)? \_\_\_\_\_

### MEDICATIONS

Is your child taking any medication? \_\_\_\_\_ What medication? \_\_\_\_\_

If a child must take medication during camp hours, please complete the appropriate medical forms included below and discuss a care plan for handling and administering the medications and responding to any medical emergencies with Ms. Tio.

In case your child develops a need to take medication at camp between the time you submit your forms and the start of camp, please keep the enclosed medication form and complete it prior to camp if necessary.

~ ~ ~I know of no health reason(s), other than the information indicated on this form,  
why my child should not participate in Art Camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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### CHILD'S INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_



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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I am the parent/guardian of \_\_\_\_\_.

In the event my child experiences a medical emergency during my child's participation in the summer camp operated by Luisa Tio, I consent for my child to receive such medical treatments and/or surgical procedures as are deemed necessary by qualified first responders or medical providers in the event that I am not available to make such decisions, and I assume liability for any medical expenses involved.

I understand that if a medical emergency arises during my child's participation in summer camp reasonable efforts will be made to contact me or my designated alternate at the phone numbers provided by me. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to:

- (i) the immediate administration of life-sustaining measures deemed necessary under the circumstances; and
- (ii) the administration of medical treatment and/or surgical procedures deemed necessary by first responders or medical providers.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf (designated alternate):

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## MEDIA PERMISSION FORM

Dear Parent/Guardian,

Your child's identity, image, and creative works are important, and I am committed to protecting them and your and your child's control over them. However, I also want to celebrate your child and your child's artistic efforts. During art camp, as part of the process of documenting what we are doing, I may photograph, interview, or videotape your child and your child's art work to share information about art camp with your and other campers' families and with the community. I also may use these images and recordings on my website and in publications and other public presentations as a way of sharing them with the broader community and giving the children an opportunity to experience themselves and their art work being celebrated. The photographs and videos may include groups or individuals, and children's names may be published. For student protection online, a child's photo and child's full last name will not appear together on any website.

However, whether your child or child's work will be displayed or even recorded is your decision. Please complete the section below and return this form to let me know whether I may photograph or record your child and your child's artistic work. By letting me know your decision, whichever it is, you will help facilitate celebrating the great work all the children are doing at camp!

**Please check one:**

☐ I give permission for my child \_\_\_\_\_ and my child's artwork to be recorded and permission to have my child's first name and first initial of my child's last name used. No full last names will be used on a webpage if an image of that student is also displayed on the webpage.

☐ I give permission for my child \_\_\_\_\_ and child's work to be recorded, but **do not** want my child's name used.

☐ I **do not** want my child \_\_\_\_\_ or child's work recorded and do not want my child's name used.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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Summer 2016

## FIELD TRIP POLICY & WALKING FIELD TRIP PERMISSION FORM

During each session we will go on walking field trips in the neighborhood around art camp, sometimes for art explorations and sometimes to give our brains and creative juices a break and stretch our legs. This permission form gives your child permission to participate in these supervised neighborhood walks during camp hours.

In addition, during some camp sessions, we will take a field trip to a museum to further explore the art we are engaging during camp. These trips will involve transportation by metro or car, and a separate permission form will always be used and a specific notice to parents or guardians with our itinerary will be provided. This permission form does not give your child permission to participate in any field trips outside the neighborhood or involving transportation other than walking.

Luisa Tio

I hereby give permission for my child to participate in supervised neighborhood walks during art camp.

Child's Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_