

CORCORAN

GALLERY OF ART • COLLEGE of ART + DESIGN

Camp Creativity 2010 Information and Release Form

Please return the completed form as follows:

On or before 5 p.m. on Friday, June 18—fax to (202) 639-1729, or mail to Marika Shannon, Corcoran Gallery of Art, 500 Seventeenth Street NW, Washington, DC 20006

After 5 p.m. on Friday, June 18—fax to (202) 298-2543, or mail to Camp Creativity, Corcoran's Georgetown Campus, 1801 Thirty-fifth Street NW, Washington, DC 20007

Questions? Call (202) 639-1805.

Section A: Camper Information

Name: _____ Nickname: _____

Birth Date: _____ Age (as of July 1, 2010): _____ Grade (Fall 2010): _____

School (name, city): _____

Section B: Parent/Guardian Contact Information

Mother/Guardian: _____ Day Phone: (_____) _____

Email: _____ Cell Phone: (_____) _____

Father/Guardian: _____ Day Phone: (_____) _____

Email: _____ Cell Phone: (_____) _____

Section C: Emergency Contact Information

(when neither parent/guardian can be reached)

1. Name: _____ Relation to child: _____

Day Phone: (_____) _____ Cell Phone: (_____) _____

2. Name: _____ Relation to child: _____

Day Phone: (_____) _____ Cell Phone: (_____) _____

Section D: Confidential Medical Information

Physician's Name: _____ Phone: (_____) _____

Food/Medical Allergies (Please list ALL): _____

Does your child take any medications regularly? NO _____ YES _____ If YES, please describe below.

1. Type: _____ Reason for medication: _____ Dosage/Fequency: _____

2. Type: _____ Reason for medication: _____ Dosage/Fequency: _____

3. Type: _____ Reason for medication: _____ Dosage/Fequency: _____

Date of last tetanus shot: _____ Health Insurance Carrier: _____

Group Number: _____ Identification Number: _____

Does your child have any chronic medical conditions, illness, or physical limitations that might inhibit his or her ability to participate in camp activities? NO _____ YES _____ If YES, please describe:

Section E: Medical Release

I hereby authorize any health plan-participating or non-participating physician, hospital, or other health care provider to give emergency medical care and treatment to the above-named child at no cost to the Corcoran Gallery of Art and College of Art + Design. The undersigned has read this medical authorization consent form and declares and affirms consent to the content stated herein. I assume all financial responsibility and waive all claims or future claims against the Corcoran for any injuries sustained by the above-named child.

AND

I understand that if my child becomes ill or is injured and I cannot be reached, the staff of the Corcoran will direct my child be taken to a physician, hospital, etc., as recommended by an attending physician.

The information on this form will be shared solely with Camp Creativity staff and the instructor. By signing this form, I confirm that I have read, understood, and agree with its content.

Parent/Guardian SIGNATURE: _____ Date: _____

Parent/Guardian Name PRINTED: _____

Section F: Photographic Release

I authorize the photographing, videotaping, and/or interviewing of my child during Camp Creativity and understand that the resulting photographs, videotapes, or interviews may be published and used to promote Corcoran Gallery of Art and College of Art + Design programs. I also give the Corcoran permission to reproduce photographs taken of my child's artwork for promotional purposes.

Parent/Guardian SIGNATURE: _____ Date: _____

Parent/Guardian Name PRINTED: _____