

Please note ** indicates a required section of these forms. Other sections are marked as optional or if applicable.

MEDICAL AUTHORIZATION AND RELEASE - REQUIRED**

While my child is attending Brave Arts at The Cambridge School of Weston I _____ (print name), the parent/guardian of _____ (print participant name) authorize Brave Arts to obtain emergency medical treatment for my child if, in the opinion of the counselors, Health Supervisor and/or Healthcare Consultant my child is in need of emergency medical treatment. Brave Arts agrees to contact the parents or guardians of each participant as soon as is reasonably practical. The contact information I provided on the Emergency Contact section during registration is where Brave Arts will contact me.

Unless otherwise indicated on the allergies, intolerances and “need to know” notes page I will send my child with approved sunscreen and bug spray each day to Brave Arts to be applied with counselor assistance as needed when participants will be outside for extended periods of time. I consent that in the case of basic First Aid needing to be administered, Health Care supervisor Sarah Clancy will perform any necessary procedure.

I further agree that I will be responsible for the payment of any medical or emergency treatment of any nature which may arise in connection with sickness or accident that may occur during the period that my child is at Brave Arts’ program, whether such expense is incurred during or subsequent to the time that my child attends Brave Arts’ program. I will identify and hold harmless Brave Arts for any claims for payments by providers of said medical care.

PARTICIPANT NAME:

PARTICIPANT DATE OF BIRTH:

SIGNATURE OF PARENT/GUARDIAN:

DATE:

Fill out this section if applicable (please read description)

AUTHORIZATION TO ADMINISTER/REPORT MEDICATION

The following information is collected if 1. medication needs to be administered at Brave Arts 2. to ensure food allergy safety and/or 3. in case of an emergency to be able to promptly inform emergency responders of medication/allergies/medical conditions.

Food / Drug Allergies:

Diagnosis (at parent/guardian discretion):

Name of Licensed Prescriber:

Business Telephone:

Name of Medication (incl. Epi-Pens, inhalers, etc):

Dose (if any) to be given at Brave Arts:

Route of administration (ie: oral):

Frequency:

Quantity given to Brave Arts:

Special Storage Requirements:

Specific Directions (ie: empty stomach, with water, etc):

Specific Precautions:

Possible Side Effects/Adverse Reactions:

I hereby authorize Sarah Clancy (Health Care Supervisor*) to administer this medication to my child using the instructions provided above and any other instructions I provide separately.

PARENT/GUARDIAN SIGNATURE:

*Health Care Supervisor - a person who is at least 18 years of age, specially trained and certified in at least current First Aid, CPR and has been trained in the administrations of medications and is under the professional oversight of a licensed healthcare professional authorized to administer prescription medications.

Below section is optional. Please use if not already listed in emergency contact(s) or parent/guardian during online Brave Arts registration

PICK UP AUTHORIZATION

I understand that pick-up time for the DAY session of Brave Arts is at **3:00 PM** promptly Monday-Friday. Any approved carpool driver who attends the Friday performance may take their child(ren) home immediately following the performance. You must contact Sarah Clancy at (508) 314-1792 if you believe you will be late for drop off or pick up.

I understand that pick-up time for the BOARDING session of Brave Arts is on Friday at 3:00 PM. All participants must be moved out of the dorms by 5:00 PM on their final Friday. Staff will assist during the move-in and move-out periods.

1. Name:
 - a. Telephone Number:
 - b. Email Address:
 - c. Relationship:
2. Name:
 - a. Telephone Number:
 - b. Email Address:
 - c. Relationship:
3. Name:
 - a. Telephone Number:
 - b. Email Address
 - c. Relationship:

If someone other than a previously listed parent/guardian, emergency contact, or carpool listed above will be picking up your child please email braveartsummer@gmail.com or call/text 508-314-1792 ASAP with the above information.

Optional but recommended!

ALLERGIES, INTOLERANCES, “NEED TO KNOW”

We provide this space to allow parents/guardians extended room to elaborate on anything that will help our Brave Arts team provide the most successful, healthy and safe learning environment for your child as possible.

Please list any allergies/intolerances, special dietary needs/requests, behavioral or learning profile notes, etc. that you feel we should be aware of while caring for and teaching your child.

We use the utmost discretion and care with these notes. Keith or Sarah may contact you for further information as needed.