

Summer
Art Ventures



Health Form & Disciplinary Policy

CHILD'S NAME: _____ AGE: _____ ENTERING GRADE: _____

PARENT(S) NAME(S): _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (H) _____ (W) _____ (C) _____

In case of emergency, or if you cannot be reached, the child's or family's physician is:

DR. _____

HOSPITAL PREFERENCE: _____ PH: _____

HEALTH INSURANCE COMPANY: _____ GROUP POLICY _____

ALLERGIES: _____ MEDICATIONS: _____

OTHER PHYSICAL, MENTAL OR EMOTIONAL CONDITIONS: _____

HEALTH IS: __ EXCELLENT __ GOOD __ FAIR __ POOR Comments _____

MARK HERE IF YOU HAVE ADDITIONAL INFORMATION. Please record additional information on reverse side.

- **PLEASE CIRCLE ONE: YES NO** In the event of an emergency, I authorize the Art Museum of Southeast Texas, its agents & employees to obtain medical treatment necessary to insure the health and well-being of my child(ren).
- **PLEASE CIRCLE ONE: YES NO** I authorize the Art Museum of Southeast Texas, its agents & employees to administer children's Benadryl in the event of an allergic reaction.
- **PLEASE CIRCLE ONE: YES NO** I hereby allow the Art Museum of Southeast Texas to take photographs of my child(ren) to be used for AMSET public relations and archival purposes only.
- Persons other than yourself that YOU authorize to take your child from the Art Museum of Southeast Texas building & grounds: _____

PARENT'S SIGNATURE REQUIRED: _____

YOU SHOULD BE AWARE OF OUR DISCIPLINARY POLICY. It is simple and firm:

Your child will not be allowed to disrupt the art experience of any other child. In the event that your child continuously causes a disruption, he/she will be dismissed from *Summer Art Ventures*.

You will be contacted and expected to collect your child immediately.

Your money *will not* be refunded.

Art Museum of Southeast Texas

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500 Main Street

Beaumont TX 77704

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