

# 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**

**PO Box 3703**

**500 Main Street**

**Beaumont TX 77704**

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