

*Chester County Art Association*  
*2023 Art Camp*  
**MEDICAL RELEASE FORM**

**June 12<sup>th</sup> – August 25<sup>th</sup>, 2023**

**This form needs to be completed and signed by both the participating student and the parent/guardian. It must be turned in at Registration for final admission into the program. No student will be permitted to participate in the program without the proper information and signatures on the Medical Release Form.**

I am aware that the Chester County Art Association Art Camp includes physical activities and that my child is expected to fully participate in these activities. However, he/she has listed medical information that should be taken into consideration if they are not able to physically participate at some time during the program.

I understand that the Commonwealth of Pennsylvania, Chester County Art Assoc, its employees, and the middle school summer workshop staff are NOT responsible for any accident or injury occurring to my child during this program.

My child \_\_\_\_\_ has paid (up-to-date) accident or active medical/hospital/bodily insurance. Our insurance carrier is \_\_\_\_\_ and our policy number is \_\_\_\_\_ which should only be used in an emergency situation.

If such an emergency should occur, please contact me immediately at the following number(s):  
Emergency #1: (    ) \_\_\_\_\_ - \_\_\_\_\_    Emergency #2: (    ) \_\_\_\_\_ - \_\_\_\_\_.

**PLEASE CHECK OFF OR INDICATE ANY SPECIAL CIRCUMSTANCES, CONDITIONS, OR ALLERGIES, ETC. THAT THE ART CAMP STAFF SHOULD BE AWARE OF:**

Asthma     Sinus     Headaches     Cold     Flu     Hay Fever     Diabetes  
 Epilepsy     High Blood Pressure     Other \_\_\_\_\_

**If other, please list along with how the CCAA Art Camp staff may be able to assist:**

\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information listed above is correct and in accordance with the laws of the Commonwealth of Pennsylvania and federal authorities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participating Student)

\_\_\_\_\_  
(Date)