Student's Name: _____ DOB _____(mm/dd/yy)

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

	Name	Relationship	Address	Phone
1				
2				
3				

EMERGENCY PROCEDURES FOR SERIOUS ACCIDENTS:

1. Call 911 and give location and extent of injury 2. Administer first aid as required 3. Contact WVAC personnel 4. Call parent/guardian.

Doctor's Name & Phone:	**Hospital Preference:**	**Chronic Illnesses:**
Dentist's Name & Phone:	**List All Allergies:**	**Medications:**
Other Medical Information:	**Helpful information regarding group settings in classroom:**	

I authorize the above named physician or dentist to treat or select any specialist in case of emergency. I agree that the Waterworks Visual Arts Center may authorize the physician of their choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately. If any of the above information changes, I agree to notify the Center directly.

Signature: _____ Date: _____

Waterworks Visual Arts Center agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children. Waterworks Visual Arts Center will not administer any drug or medication without specific instructions from the physician and the child's parent/legal guardian.

PHOTOGRAPHY RELEASE FORM

I understand that Waterworks Visual Arts Center (WVAC), through its Marketing, Public Relations, Advocacy, and Donor Reporting processes, is seeking photographs for its publications, website, and dissemination of press material to assist the organization in informing the general public and supporters about the work of the Museum and its programming partners.

I authorize and consent to being photographed, and to the display, reproduction, alteration, or other use of any photographs of me (or my children) or in which I (or my children) may be included with others, in connection with WVAC publications, website, and press corps contacts. No identifying information will be used in conjunction with or as part of the photograph.

In giving this permission, without fee or limitation whatsoever, and in consideration of the opportunity to participate in the publications, website, or dissemination of press material, I agree to release, discharge, and hold harmless the WVAC and its employees and Board of Directors from any and all claims, actions, and demands or whatsoever nature, including, but not limited to, any claims of libel or invasion of privacy, arising out of or in connection with the use of my (or my children's) photograph.

_____ _____ _____

Student's Name—Please Print Date WVAC Staff Signature

_____

Student's Signature (or Parent/Legal Guardian signature if student is under age 18)

WALKING TOUR PERMISSION

Student's Name _____has my permission to join his/her class on a walking tour of downtown Salisbury's art and historic sites.

_____ _____ _____

Parent/Guardian Signature Date WVAC Staff Signature