



museum of children's arts
Parental Consent / Emergency Form

Youth Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Home/Cell Phone: _____ **Work Phone:** _____ **Other:** _____

Emergency Contact Name (if different from parent): _____

Emergency Contact Phone: _____ **Relationship to Child** _____

As the legal Parent/Guardian, I give my permission/consent for my child to participate in MOCHA art programs/field trips, under the following terms:

I understand my child will be responsible to abide by the **MOCHA standards and Code of Conduct.**

I understand that my child may be interviewed and/or photographed for program, evaluation, and/or publicity purposes (including on the internet). I give **MOCHA** the right to use pictures, photographs, video, film, audio recording, and name of my child for lawful purposes and I waive my right to inspect or approve the finished version(s). **Check here if you do not want your child's image to be used**

In the event of an emergency, I give my consent to the physician selected by **MOCHA** program staff to secure proper treatment for my child. I understand that the staff will make every effort to contact me or the emergency contact listed as soon as the health of my child permits;

Physician's Name: _____ **Phone:** _____

Insurance Carrier: _____

Allergies / Medical Conditions: _____

Medications: _____

If your child does have allergies or other medical considerations, please complete the medical instructions on the back of this form.

I authorize these individuals (if different from listed above) to release my child from MOCHA:
(Use the back of the form if you need additional space:

Name _____ **Relationship** _____ **Phone number** _____

My child has my permission to sign themselves out of MOCHA. YES NO (Circle one)

Parent/Guardian Signature: _____ **Date:** _____

Youth Name: _____ is allergic to the following foods/medications:

Allergen	Severity of allergy

Symptoms of Allergic reaction:	Actions to Take

Other Information we need to have: