Children's Academy of Fine Arts, Inc. (CAFA)

PARENTAL/GUARDIAN CONSENT AND MEDICAL AUTHORIZATION

Name of Child/Youth:_____ Grade _____ Age_____

Address: _____
Street/Apt Number City Zip Code
Daytime Phone Number: _____ Evening Phone Number: _____

As the Parent/Legal Guardian of: _____
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities at the CAFA program which carry with them a certain degree of risk. Some of the activities are art, stage craft and performance and sports. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth's activities:

_____I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____I represent that my child/youth has restrictions on the following particular activities:

_____I also understand and give consent for my child/youth to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION
It is my understanding that CAFA will attempt to notify me in case of a medical emergency involving my child/youth. If CAFA cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor, or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify CAFA if I feel there are any health considerations that would prevent my child/youth's participation in any of the CAFA activities.

ALLERGIES OR OTHER HEALTH CONSIDERATIONS:

Insurance Company:_____, Policy/Group No:_____

Signature of Parent or Guardian_____

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PARENT/GUARDIAN PERMISSION FOR
PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

CAFA is required to have written consent from a camper's parent/guardian for each over-the-counter and prescription medication he or she takes. To permit the above mentioned camper to receive such medication, please initial next to its name.

Tylenol/Acetaminophen_____ Advil/Ibuprofen_____ Tums_____

Robitussin PE/Tussin/PE_____ Immodium A-D_____ Tavist-D_____

Sudafed/Pseudoephedrine_____ Benedryl_____

Please list all prescription and over-the-counter medications the camper will take AND dosage information. The CAFA medical service technician must keep and dispense all medications.

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_____

Signature of Parent or Guardian_____Date_____

Notary Stamp/Seal, Date and Signature