

Arts of Armenia Summer Program Emergency Information Form

Name of Child _____ Date of Birth _____

Child's Address _____

Father/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____

Home Address (if not child's address) _____

Employer Name and Phone _____

Employer Address _____

Mother/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____

Home Address (if not child's address) _____

Employer Name and Phone _____

Employer Address _____

Name(s) of Person other than Parent or Legal Guardian to whom child may be released:

Name and Phone Numbers of Local Person to be Notified in an Emergency When Parents/Guardians Not Available

Name of Child's Physician or Health Clinic _____

Physician's Phone Number _____

Physician's Address _____

Name of Health Insurance Carrier _____

Health Insurance Policy Number _____

Hospital Preferred for Emergency Treatment _____

I give permission to the Arts of Armenia Summer Program staff to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent/Legal Guardian

Date Signed