EMERGENCY CONTACT AND MEDICAL INFORMATION

2009 - 2010

362 N Martin Luther King Blvd.
Lexington, KY 40508.

We want your child to have a happy and enriching experience while attending classes here.
Please provide us with any information that you feel might assist us in attaining this goal.
This information is considered confidential and will only be shared with staff members involved with your child. If information changes, please let us know.

Please print legibly

Child's name _____**Age**____**Grade completed**_____

Please list all classes enrolled in for the entire summer by number:

#____. #____. #___. #_____. #____. #____. #____. #____. #___. #____. #____. #____. #___. #__. #_____. #_____. #_____.

Parent's Names _____ _____

Home phone _____ _____ **Work phone** _____ _____

Cell phone _____ _____ (Please indicate the owner of each number).

E-Mail: _____

Who will normally provide transportation? _____

If we cannot reach you at any of the above numbers then we will call:

Emergency contact: Name_____Phone_____

Relationship: _____

1. *What are your expectations for your child's class experiences at the LASC?*

2. *Please list allergies as well as all medical, physical, emotional and social concerns.*

3. *Any other concerns or suggestions for those working with your child??*

I give permission for the Living Arts & Science Center or those designated by the LASC to collect and use the likeness, photograph, voice, written word, artwork or direct quotes of the above named child. Such documentation may be used on the LASC Web site, in promotional materials, the newspaper or other such materials. I release the Living Arts & Science Center from any liability or responsibility for this use.

Signature _____ **Date** _____

I have read, understand and agree to adhere to the enclosed guidelines and policies also found in *Imagine That* and on our Web site.

_____ _____

Signature **Date**

Return this form either by mail or to the teacher on the first day of class. **Thank you!**