

STUDENT EMERGENCY INFORMATION

STUDENT NAME _____

OFFICE OF ART
BALTIMORE COUNTY PUBLIC SCHOOLS
TOWSON, MARYLAND 21204

For Office Use Only Method of Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Parent/Carpool Level: <input type="checkbox"/> ES <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> OP
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Summer Art Enrichment Program
Perry Hall High School

My child, _____ is attending the Baltimore County Public Schools summer art enrichment program from 9:30 a.m.-2:30 p.m. on July 10-21, 2006 at Perry Hall High School. In the event of an emergency, I give the teachers of the summer art enrichment program, as representatives of the Baltimore County Public Schools, permission to seek appropriate medical care for my child. Any licensed physician has my permission to treat my child if necessary.

It is understood that the Baltimore County Public Schools summer art enrichment program, through its teachers, and the Office of Art will exercise all necessary precautions for the safety of my child while attending this program. However, I accept the fact that the Baltimore County Public Schools summer art enrichment program and the Office of Art will not be held liable for any injuries to my child while attending the program.

Special needs of my child are noted below:

_____ medication (must be prescribed by a doctor and in original container with appropriate instructions and times for administration - will be administered by a teacher)

_____ other: please explain:

My child will be traveling by: _____ bus _____ parent/carpool.

Parent/Guardian Signature _____ Date _____

Work Phone Number: _____ Home Phone Number: _____

Person to contact in event of emergency: _____

Relationship to child: _____

Phone Number: _____

Address: _____

Preferred hospital in the event of emergency: _____

*Please bring this form with you on the first day of the program and give to your instructor.
Thank you.*