



Volunteer Emergency Information & Medical/Photo Release

Name _____
Last First

Address _____
Street City Zip

Phone _____
Home Work/Mobile — Please Circle

Emergency Contact #1 _____
Name Phone

Emergency Contact #2 _____
Name Phone

MEDICAL RELEASE: In the event of a serious medical emergency with **you/your child**, if the school is unable to reach designated emergency contacts, do you give CSMA staff permission to:

Call an ambulance? Yes ____ No ____ Preferred Hospital _____

Call your doctor? Yes ____ No ____ Doctor _____
Name Phone

Other actions to be taken in case of emergency: _____

MEDICAL ALERT: Special needs, health-related conditions (allergies, medication, etc.), other information of which CSMA should be aware:

Volunteer Signature _____ Date _____

Name of Parent/Guardian (if applicable) _____

Parent/Guardian Signature (if applicable) _____ Date _____

PHOTO RELEASE: Photographs are regularly taken during CSMA program activities and special events. I do ____ do not ____ grant permission to CSMA to use **my/my child's** photograph in an exhibition space and/or for fundraising, development or public relations purposes.

Volunteer Signature _____ Date _____

Parent/Guardian Signature (if applicable) _____ Date _____

Updated 4/4/07

ARTS FOR ALL!