

RIARTCLASSES

Student Name: _____

Parent/Guardian Name: _____

Daytime #: _____ Cell#: _____

TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby grant Chabot Studio & Fine Art Gallery the owner of RI Art Classes my consent of any emergency treatment deemed necessary in the event my child becomes ill or injured while attending art classes. Chabot Studio & Fine Art Gallery will make every attempt to contact the parent/guardian as quickly as possible.

Facts concerning the child's medical history including medications being taken, allergies, and any physical impairments to which a physician should be alerted:

Date: _____ Parent/Guardian Signature: _____

REFUSAL TO CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do not give my consent to Chabot Studio & Fine Art Gallery for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Chabot Studio & Fine Art Gallery to take no action other than to contact the parent/guardian.

Date: _____ Parent/Guardian Signature: _____

AUTHORIZED PICK-UP LIST

Please list any adult who is authorized to pick up your child from the art classes. This list should include anyone who would be able to leave with the child. A photo ID is required.

PRINTED NAME	RELATIONSHIP	PHONE/CELL

Chabot Studio & Fine Art Gallery
401-432-7783 chris@chabotgallery.com
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