

Youth
Academy
Waiver



Student Name	
Grade & School	
Birth Date	
Class or Session	

Parent/Guardian		Emergency #	
Parent/Guardian		Secondary Phone	
Home address		Alternate Contact	
City/State/Zip		Alternate Phone	
Email Address			
Any behavior or medical issues we need to be aware of (<i>please note that Exceptional Student Services are not available</i>)			
Medical conditions			
Drug/Food Allergy			
Other			
Health Insurance Info			

WAIVER OF LIABILITY

I understand Scottsdale Artists' School (instructors and staff) are acting only as agents and shall not be responsible or liable for any injury/ accident/ illness, which may occur on site or within the duration of class time. Please be aware that we must be able to reach you in the case of an emergency. All classes will be conducted with utmost care in a safe learning environment.

Please make arrangements to drop off and pick up your child on time. No child will be released without proper authorization from the parent/ guardian in advance. For their safety, each day every child must be signed in and out. Children over the age of 12 may sign themselves out with the permission of parent.

Parent/Guardian Signature _____ Date _____

PICK UP AND DROP OFF AUTHORIZATION-The following adults have permission to sign in and sign out this student.

Name:	Relationship to child:
Name:	Relationship to child:
Name:	Relationship to child:

PHOTOGRAPH PERMISSION

_____ Yes _____ No

I hereby give my consent to use any of the photographs taken of: _____ (child's name) for publicity as well as any of the artwork created in class. I do hereby release Scottsdale Artists' School from any claim whatsoever that may arise in said regard. Images of students may be used for print or online promotion and advertising.

Parent/Guardian Signature _____ Date _____

YOUTH ACADEMY AUTHORIZATIONS (side 2)

MEDICAL AUTHORIZATION

I/We the undersigned parent(s)/guardian(s) of _____ do hereby authorize Scottsdale Artists' School (instructors and staff) to make any and all decisions and to authorize and consent to, any and all emergency medical care deemed necessary, to be rendered to the above named youth for their care and safety. We understand that reasonable and diligent efforts will be made to locate or contact us in an effort to obtain consent to all medical treatment unless delay in such treatment would be unwise. The undersigned takes full responsibility for any financial cost which may be incurred for the care of the above named youth.

Parent/Guardian Signature _____ Date _____

MEDICATION AUTHORIZATION

_____ Initial here and do not fill info below if student will not take medication during school hours.

Please provide directions for any medicine given to your son/daughter at Scottsdale Artists' School. All medicine & Epi pens must be in original container marked with the child's name and dosage instructions. Please give to students' instructor along with this signed Medication Authorization. No exceptions!

Child's Name _____ Age _____

Condition/ Illness Requiring Medicine: _____ Time of Day to Give _____

Name of Medicine _____ Dosage: _____

Storage Requirements: _____ Other Instructions: _____

Possible Side Effects: _____

Parent Name _____ Phone _____

The Youth Academy Manager or her designee will dispense medicine to students according to these guidelines.

- The parent/guardian should complete and sign the Medication Authorization Form. Medicine cannot be given without written permission and instruction from the parent/guardian.
- The parent/guardian should bring medicine to the front desk. Please do not send medicine by way of the student.
- All prescription and over-the-counter medicine must be kept at the front desk. Students must not be in possession of medicine while at school unless approved by Program Manager. Medicine will not be sent home with the student.
- Prescription medicine must be in original labeled container. The label must include the student's name, the name of the medicine, instructions for dispensing the medicine, and the doctor's name. Pharmacists can provide a duplicate labeled container with only the dosage to be given at the school.
- Over-the-counter medicine must be in the original container and marked with the student's name.
- A new Medication Authorization Form must be completed whenever a new medicine or dosage is to be given to the student.
- The parent/guardian should pick up unused medicine from the front desk. Any medicine not picked up at the end of the summer will be discarded.

I understand the guidelines for dispensing medicine to students. I authorize the Program Manager or her designee to give medicine to my child according to the directions given above.

Parent/Guardian Signature

Date