



Spring Break Art Camp Student Information Form

★This form must be completed, signed and returned to the Winnipeg Art Gallery prior to the start of camp★

Mail: Winnipeg Art Gallery Studio Programs 300 Memorial Blvd R3C 1V1
Fax: 772-6841 In person: WAG studio 280 Memorial Blvd (corner of Memorial and St Mary Ave)

Camper's Name _____ Age* _____

Date of Birth Day____ Month____ Year____ Male Female

***Child must have had his/her sixth birthday by March 26/2012**

Contact Information

Parent/Guardian #1

Name _____

Home # _____ Work# _____ Cell# _____

Best contact # Home Work Cell

Parent/Guardian #2

Name _____

Home # _____ Work# _____ Cell# _____

Best contact # Home Work Cell

Drop off/Pick up Information

The camper will only be released to the parent/guardian listed above and the two individuals listed below. Personal photo ID may be required when picking up the camper.

1. _____ Phone _____

Relationship to camper _____

2. _____ Phone _____

Relationship to camper _____

Emergency Contact

Please list 2 emergency contacts in the event that the parent/guardian cannot be reached

1. _____ Phone _____

Relationship to camper _____

2. _____ Phone _____

Relationship to camper _____

Medical Information

6 digit health card # _____ 9 digit health card # _____

Name of doctor _____ Doctor's Phone: _____

Does the camper have allergies? yes no

If yes please specify _____

Does the camper require an Epi-Pen? yes no

Does the camper require an inhaler? yes no

Will the camper be bringing any medication to be taken or administered at camp?

If yes please specify _____

Medications must be brought in their original containers with camper's name, dosage etc. clearly visible. These medications must be left with the program coordinator to be dispensed according to physician's instructions.

Does the camper have any health, dietary or behavioral conditions we should know about?

Parents should be aware that water soluble art-making materials are used whenever possible but children's clothing could get stained. Please dress your child accordingly. The WAG is not liable for any cleaning costs.

Permission and Authorization

I authorize the Winnipeg Art Gallery to authorize on my behalf all procedures including admission to hospital and treatment therein as they deem essential for the care and well being of my child. I agree to accept financial responsibility in excess of the benefits allowed by the provincial health program and/or my medical insurance.

I also authorize photography of my child and artwork that he/she may produce as part of the art camp, for promotional or educational purposes.

I agree to the above terms and have ensured that all the information given is accurate and up to date and that if there are any changes to this information it is my responsibility to inform the Winnipeg Art Gallery.

Signature of parent/guardian

Date