

ART STUDENTS LEAGUE OF DENVER

KidART Camp & Summer Teen Workshops Additional Medical Information/Special Needs Form

This form is optional, and necessary only if your child has any medical, physical or emotional issues of which ASLD staff and instructors should be informed.

Please turn this form into the instructor for each camp on the first day. Thanks!

Childs Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ Evening Phone: _____

Alternate Contact: _____

Phone Number: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT Phone Number: _____

Primary Care Physician: _____

Primary Care Physician Phone Number: _____

Please comment on any medical, physical or emotional issues that ASLD staff and instructors should note:

Please contact ASLD staff for additional paperwork if your child has allergies.