

ART STUDENTS LEAGUE OF DENVER

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

This form is optional. Please complete this form if your child has any medical, physical or emotional matters of which ASLD staff and instructors should be informed. Please give this form to the instructor for each camp on the first day. Thank you.

Child's Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ Evening Phone: _____

Alternate Contact Name: _____ Phone: _____

EMERGENCY Contact Name: _____ Phone: _____

Primary Care Physician: _____

Primary Care Physician Phone Number: _____

Does your child have any allergies? YES NO

If YES, please list all allergies: _____

ASLD welcomes youth of all abilities. We will work with each family in the best interest of the child(ren) in our program, on a case-by-case basis, to determine if ASLD is able to meet the needs of the child. Parent communication and support is essential in deciding if ASLD can meet the needs of the child.

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