

Sterling Silver Studio, LLC

69 N 28th St E, Ste 1A

Superior, WI 54880

715-394-4660



NAME OF CHILD _____

Parent (s) _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

2. Name _____

Relationship to child _____

Relationship to child _____

Phone: Day (____) _____ Evening (____) _____

Phone: Day (____) _____ Evening (____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

IS THE CHILD TAKING ANY MEDICATIONS? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, please discuss this with the staff in advance.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs _____

Allergies or Asthma _____

Dietary restriction/s _____

Chronic or recurring illnesses _____

Operations or serious injuries (include dates) _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

If yes, please comment: _____

Any additional information about your child that would be helpful to our staff:

Waiver of Liability

I understand that Sterling Silver Studio assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. I hereby release and discharge Sterling Silver Studio to its' directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in these activities.

1. In the event that my child needs immediate medical attention for injuries received while participating in a Sterling Silver Studio program, I authorize the Sterling Silver Studio staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.

2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Sterling Silver Studio receives medical information on campers/participants that may need to be shared with medical providers.

3. I hereby release all pictures of my child taken by Sterling Silver Studio for promotional purposes and programming materials including the Sterling Silver Studio website and social media.

Parent/Guardian Signature _____ Date ____ / ____ / ____

Printed Name _____