

# Mariah Art EMERGENCY FORM

1403 Garfield Ave NW Olympia, WA 98502

(360) 357-9188 mariahartschool@yahoo.com

Today's Date:    /    /

Student Name: _____ <small>(Last)                      (First)                      (Middle)</small>	Birthdate:    /    /	Age: _____
Address _____	Home Phone: _____	
City _____ Zip _____	Current School: _____	

Parent/Guardian _____	Email: _____	
Address (if different) _____		
Home # _____	Work # _____	Cell # _____
Parent/Guardian _____	Email: _____	
Address (if different) _____		
Home # _____	Work # _____	Cell # _____
Student resides with:    Mother & Father    Mother Only    Father Only    Grandparent    Legal Guardian		

## MEDICAL INFORMATION

Doctor: _____	Phone: _____	ALLERGIES:
Date of Last Medical Exam:    /    /		
Dentist: _____	Phone: _____	MEDICAL CONDITIONS:
Preferred Hospital: _____		
Insurance: _____	Policy #: _____	

### Medical Release and Authorization

In case of an emergency, parents will be contacted, if at all possible. Mariah Art School and Staff have permission to act as guardian in a medical emergency/surgery decision and may give permission for recommended medical treatment on my/our behalf.  
Mariah Art School and Staff will not be held responsible for medical treatment or costs for medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT/PICK-UP PERSONS

*Photo Identification will be required at pick-up time*

Contact / Pickup Person _____	Relationship: _____	
Address _____	Daytime # _____	Cell # _____
Contact / Pickup Person _____	Relationship: _____	
Address _____	Daytime # _____	Cell # _____
Contact / Pickup Person _____	Relationship: _____	
Address _____	Daytime # _____	Cell # _____
Contact / Pickup Person _____	Relationship: _____	
Address _____	Daytime # _____	Cell # _____