

Black Iris Art Studio

Parent release form and emergency contact information

Student Name _____

Address _____

Phone _____

Parent/Guardian _____

Address and Phone (if different) _____

Parent/Guardian _____

Address and phone (if different) _____

Emergency Contact: 1 _____ **phone** _____

2 _____ **phone** _____

Allergies: _____

Health Provider:

Phone:

Insurance:

Member

number:

Permission to give Benadryl:

Date:

We will have several field trips for which your child will need permission to go by foot (local trails, historical Society, Joseph Patch Library) or car (Carr Mountain, Mt. Moosilauke, Squam Lake Science Center, Hood Art Museum and Museum of the White Mountains, PSU).

Our child, _____, has our permission to join Black Iris Art Studio on field trips during Artensity.

Parent/Guardian _____ **Date** _____

Parent/Guardian _____ **Date** _____

Email address _____

Cell Phones _____