



**MAIN STREET ART
MEDICAL INFORMATION AND WAIVER OF LIABILITY FORM**

Student(s) Name: _____

Parent(s) Name: _____

Home Address: _____

Additional Person(s) who may be picking up the child

Phone _____

Phone Number where the Parent can be reached during the class

Allergies or other Medical Conditions MSA needs to be aware of:

Students name _____ has my permission to participate in art programming provided by Main Street Art. I attest that the health information provided above is accurate. In the unlikely event of a medical emergency, I give permission to the Main Street Art staff to arrange necessary transportation to the closest emergency medical facility. If I cannot be reached, I give permission to the physician selected by Main Street Art staff to secure and administer treatment for the above named person.

Parent Signature _____ Date _____