



# D & M Art Studio

8691 N. Lilley Road  
734-453-3710

Canton MI 48187  
www.dmartstudio.com

## Emergency Contact and Medical Information for a Child

Please complete this form for all children/adults attending D & M Studios classes, art camps, workshops, etc.

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

## Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I hereby give my permission to D & M Studio and teachers thereof to choose and secure emergency medical treatment and for chosen doctor, hospital, or medical service to provide emergency medical care for the child listed above.

Parent's/Guardian's Signature	Date
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## Photo Release

I, the undersigned, do hereby grant or deny permission to D & M Studio to take pictures of my child (minors below 18 years of age) and use the images for educational and marketing purposes. This includes photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to brochures, flyers, posters, newsletters, videos, websites, social media etc. YES \_\_\_\_ NO \_\_\_\_

Parent's/Guardian's Signature	Date
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