

MCAD Continuing Studies Summer Youth Program Emergency Form

Please print legibly and sign.

Please bring this form to the first day of class.

Continuing Studies
Minneapolis College of Art and Design
2501 Stevens Avenue
Minneapolis, MN 55404 Fax: 612.874.3695
continuing_studies@mcad.edu

Student Name _____

Parent/Legal Guardian Name: _____

Best phone number at which to reach you during your child's class hours: () _____

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact Name 1 _____ Relationship _____

Best phone number during your child's class hours: () _____

Emergency Contact Name 2 _____ Relationship _____

Best phone number during your child's class hours: () _____

Medical Insurance/Assistance _____ Policy # _____

Family Physician/Clinic _____ Phone () _____

Address _____ City _____ Zip _____

Hospital Preference _____ Phone () _____

If we are unable to contact a parent, or if time does not permit, we will take the student to Abbott Northwestern Hospital or use the 911 service. Expenses incurred will be paid by the parent or legal guardian.

Student's Dentist _____ Phone () _____

Address _____ City _____ Zip _____

Who May NOT pick-up my child _____

Special conditions, allergies, or medications we should be aware of? (Include food allergies and bee stings)

I understand and accept the medical policy.

I understand and accept the course tuition refund and cancellation policy as stated on the website.

I understand and accept that photos taken of my child may be used to promote MCAD's Summer Programs.

Signed _____ Date _____