

Urban art Mural Workshop Info + Release Form  
**Please PRINT Clearly**

**Child's Name** \_\_\_\_\_

Child's age as of 6/1/05: \_\_\_\_\_ years

Child's grade FALL 2005: \_\_\_\_\_

**Primary Contact Phone Numbers:**

Parent/Guardian 1 Name \_\_\_\_\_ (relationship) \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ (relationship) \_\_\_\_\_

Day Phone : \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contacts:** When neither parent (nor guardian) can be reached.

1.) Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone numbers(s): ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

2.) Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone numbers(s): ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Confidential Medical Information:**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Food or Medical Allergy(s) \_\_\_\_\_

Does your child take any medications regularly? NO \_\_\_\_\_ YES \_\_\_\_\_. If YES, please describe the condition being treated and medication(s) type, dosage and frequency:

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

**PLEASE SEE OTHER SIDE**

Does your child have any chronic medical conditions, illness or physical limitations that might inhibit his or her ability to participate in workshop activities? NO \_\_\_\_\_ YES \_\_\_\_\_. If YES please list below.

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**Medical Release**

I hereby authorize emergency medical treatment for the above-named child in the event of any injury sustained during participation in the Creative Creations/Venice 2K Urban Art Mural Workshop. I hereby authorize any health-plan participating or non-participating physician, hospital or other health care provider to give emergency medical care and treatment to the above named child at no cost to Creative Creations, Venice 2K or ICU Art. The undersigned has read this medical authorization consent form and declares and affirms consent to the content herein stated. I assume all financial responsibility and waive all claims or future claims against Creative Creations, Venice 2K or ICU Art for any injuries sustained by the above-named child.

**AND**

I understand that if my child becomes ill or is injured and I cannot be reached, the staff of the Creative Creations, Venice 2K or ICU Art will direct my child to be taken to a physician, hospital, etc., as the situation or occurrence may dictate. I authorize treatment which may be advised or recommended by an attending physician.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name *Please Print* \_\_\_\_\_

**Photographic Release**

I authorize that photographs, videotapes and/or interviews may be taken of my child and that such photographs, videotapes or interviews may be published and used to promote the Urban Art Mural Workshops. I also give permission to reproduce photographs taken of artwork by my child for promotional purposes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name *Please Print* \_\_\_\_\_

***Please return form by fax to: 310.823.6101***

***or by mail or delivery to:***

Venice 2000  
610 California St.  
Venice, CA 90291