



2020 Meeshka Freedom Art Summer Program

The Dane Gallery at the Indian Orchard Mills - 34 Front Street, Indian Orchard MA 01151
www.mfasp.com - meeshka.art@gmail.com - 413-563-7405

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE & IMPORTANT INFORMATION Sign & Return w/ Registration

Pick-up List

Anyone picking up a student must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

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List up to 3 other people (other than parent/guardian) who are authorized to pick up the student and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies

Known Allergies (food/medication): _____

Medical Release

In the event that a parent or legal guardian is not present, I authorize Michelle Pescetta or other appointed member of the MFASP & IOM to act as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Michelle Pescetta or other appointed member of MFASP & IOM is not responsible for costs incurred for medical care.

Photographs

I give my permission for my child's photograph or video to be taken for use by MFASP in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

If you agree please initial here: _____ If you decline initial here: _____

I understand and agree to not send my child to the MFASP in clothing or footwear that we do not want to get ruined. I also agree that we will not hold MFASP responsible for any clothing or footwear getting ruined during the program.
Please initial here: _____

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____