

**North Carolina Museum of Art
Health and General Release Form**

In order to provide the best possible handling of any unforeseen incidents, we need the following information. This information will remain strictly confidential. Please print legibly.

Camper's Name

Age

Camp Title(s)

Does the camper:

- Have an allergy to bee stings?
- If yes, will the camper carry a kit for counteracting the sting?
- Have diabetes?
- Have epilepsy?
- Have any allergies? If yes, please indicate type:
- Have other disabilities? If yes, please describe:

Yes	No

Please list two emergency contacts:

Parent or guardian's name

Daytime phone/Cell phone

Other emergency contact name

Daytime phone/Cell phone

If the camper will be picked up or dropped off by an adult other than the parent, guardian, or emergency contact, please indicate.

Name

Relationship

Daytime phone/Cell phone

Name

Relationship

Daytime phone/Cell phone

Is there any other health information we should be aware of?

Does the camper have any dietary restrictions or food allergies? If yes, please indicate.

General Release

I /we, the undersigned parent(s) or guardian(s) of the minor child named above, hereby grant permission for my/our child to participate in all activities in and around the North Carolina Museum of Art ("NCMA") and on the Museum's grounds as part of the summer camp programs. Further, I/we agree to assume all risks and liabilities associated with my/our child's participation in said program(s) and to hold the NCMA and the NCMA Foundation, Inc. and any of their agents or employees harmless from all claims which may arise as a result of such participation.

I understand the Museum may photograph my child during camp. Registration grants permission to use photographs in Museum publications and approved media sources unless I request otherwise in writing. I certify that my child's medical information is complete and accurate to the best of my knowledge. I give permission for a Museum staff member to seek emergency care for my child in the case of my absence.

Parent/Guardian Signature Required

Date