

Viva Vida Art Gallery
Field Trip Form and Emergency Contact and Medical Information for a Child

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|--------------------------------|--------------------------------|----------------------|-------------------|---|
| <hr/> Child's Name | <hr/> Date of Birth | | M | F |
| | | | Sex | |
| <hr/> Parent's/Guardian's Name | <hr/> Parent's/Guardian's Name | | | |
| <hr/> Home Phone | <hr/> Work Phone | <hr/> Home Phone | <hr/> Work Phone | |
| <hr/> Address | | <hr/> Address | | |
| <hr/> City, Province | <hr/> Postal code | <hr/> City, Province | <hr/> Postal code | |

Alternative Emergency Contacts

| | |
|---------------------------------|-----------------------------------|
| <hr/> Primary Emergency Contact | <hr/> Secondary Emergency Contact |
| <hr/> Home Phone | <hr/> Home Phone |
| <hr/> Work Phone | <hr/> Work Phone |
| <hr/> Address | |
| <hr/> City, Province | <hr/> Postal code |
| <hr/> City, Province | <hr/> Postal code |

Medical Information

Hospital/Clinic Preference

| | |
|------------------|--------------|
| Physician's Name | Phone Number |
| Medicare Number | Expiry date |

Allergies/Special Health Considerations

The undersigned hereby agrees that, in the event that I or my spouse or parent/guardian cannot be contacted within a reasonable period of time, the person in charge be appointed to authorise the admission to hospital, if deemed necessary by a medical doctor and the emergency medical treatment recommended by a medical doctor be given to the above named student while participating in events related to Viva Vida Art Gallery and Viva Vida Art Centre.

| | |
|-------------------------------------|------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
|-------------------------------------|------------|

I give permission for my child to go on field trips. I release Viva Vida Art Gallery and individuals from liability in case of accident during activities related to Viva Vida Art Gallery, as long as normal safety procedures have been taken.

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|-------------------------------------|------------|
| <hr/> Parent's/Guardian's Signature | <hr/> Date |
|-------------------------------------|------------|