



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

<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 Postal code	<hr/> City, Province 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/> Address
<hr/> City, Province Postal code	<hr/> City, Province Postal code

**Medical Information**

<hr/> Hospital/Clinic Preference	
<hr/> Physician's Name	<hr/> Phone Number
<hr/> Medicare Number	<hr/> Expiry date
<hr/> 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 accidents during activities related to Viva Vida Art Gallery, as long as normal safety procedures have been taken.	

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