

Dabble Art! *(Information Form)*

Date of completion: _____

Dear Parents/Caregivers,

Thank you for taking the time to fill out this form. By providing this information, you are helping me to ensure I can provide the best experience possible for your Dabbler! All information is confidential and stored safely in accordance with the Privacy Act, 1988.

Child's Name: _____ D.O.B: _____ Age: _____

School: _____

Home Address: _____ Phone Number/s: _____

Parents/Caregivers Name/s: _____

Parents/Caregivers E-mail/s: _____

- ☐ **YES!** Please add me to your e-mailing list so I can receive newsletters and information about special events and Dabble Art! workshops.

Parents/Caregivers Direct Contacts: *(Please fill in the table below)*

Name	Direct Contact

Emergency Contact Information: *(Please fill in the table below)*

Name	Address	Phone Contacts
		Phone: Mobile:
		Phone: Mobile:
		Phone: Mobile:
Family Doctor Name:		Phone: Mobile:

Does/do your child/children have any allergies (including food allergies), health/medical conditions/concerns that might affect their ability to participate in and/or affect their safety during Dabble Art! workshops? Please provide as much information as possible below. Use the reverse side of the paper if necessary.

Health/Medical Condition	Vital Information	Treatment/Response

Sometimes there are mosquitoes in the workshop. I have 'OFF' tropical strength insect repellent available. Please indicate your consent for your child to use this where necessary.

Yes / No *(Circle one)*

Please list other parties that have your explicit permission to drop off/pick up your child/children from Dabble Art workshops. Please communicate ASAP if this changes. Please provide either written/verbal (via call/text) permission for other parties NOT listed here to do drop off/pick up.

Name	Relationship to Dabblers	Contacts
		Phone: Mobile: Address:
		Phone: Mobile: Address:
		Phone: Mobile: Address:

Notes:

Declaration: I (Print Name) _____, declare all the information on this form to be true and accurate.

Signed: _____ Date: _____

Participation Permission

I _____, give permission for my child/children _____ to participate in all hands on activities conducted in Dabble Art! workshops. I understand that my students will use art tools/equipment/materials/mediums such as scissors or other cutting tools, paint, glue, clay and other tools/equipment/materials/mediums that might be harmful if used incorrectly. I understand that the art teacher will always demonstrate/model and monitor the correct and safe use of tools/equipment/materials/mediums and take every precaution in due care to keep my child/children safe whilst he/she is using such art tools/equipment/materials/mediums in the teacher's care.

I understand that the art teacher is not responsible for and won't be held accountable for loss of or damage to property or injuries my child/children may sustain if my child/children is/are injured as a result of the child's incorrect/inappropriate use of art tools/equipment/materials/mediums because they have not listened or followed explicit instructions/guidelines.

Name (Print): _____ Signed: _____ Date: _____

Photograph Permission

I _____, give permission for my child/children _____ to be photographed with their artwork and understand that the photographs are for archive uses. I understand that I am able to obtain copies for myself.

I _____, give permission for my child/children's _____ photo to be published in print or digitally (online) for advertising and archiving purposes and understand that absolutely no personal information relating to my child will ever be published with their photo.

☐ I DO NOT, under any circumstances and for any purpose/s want my child or their artwork to be photographed.