



Student's Name _____

Emergency contacts

1. Name _____

Relationship to student _____ Phone number _____

2. Name _____

Relationship to student _____ Phone number _____

Aside from parents/guardians listed above, who else might be dropping off or picking up your student? We will only allow the student to go home with the people you list:

1. Name _____

Relationship to student _____ Phone number _____

2. Name _____

Relationship to student _____ Phone number _____

Photo Release for All Students:

Gallery One occasionally takes photographs of our classes. The photos are used to represent our programs in brochures, advertisements, on our website, and in public presentations. Please choose your preference below.

_____ Yes, I give permission for my student to be photographed while participating in art classes.

_____ No, I prefer that my student is not photographed.

If there are special needs or accommodations or an IEP for your student to achieve their best learning, please let us know before attending classes. We want to make sure that all students achieve their artistic skill building and this information is helpful.

Health Information for emergency use only. Any major allergies please list and let us know if your student carries medication for them.

Medical Release:

As the parent/legal guardian, I hereby give consent to Gallery One for my student to be given emergency treatment that may include first aid and CPR by a qualified staff member of the Gallery One or an EMT. I also give permission for my student to be transported by ambulance to the nearest medical treatment center or hospital (Kittitas Valley Community Hospital) if necessary. It is understood that a conscientious effort will be made to contact me before such action is taken. In the event that I cannot be contacted, I further consent to the medical, dental, surgical and hospital care, treatment and procedures to be performed for my student by a licensed physician (M.D.) or dentist (D.D.S.) when deemed immediately necessary or advisable by a physician to safeguard the life, limb or well being of my student. I will accept the expense of this service.

Walking Field Trips: I understand that students take walking field trips on a regular basis.

Class Cancellation Policy: The cancellation of any class is only refunded under special situations, such as: moving, extended illness, or other critical situations.

At this time, face masks are optional but encouraged. This is subject to change if the mandates for the state change. Refrain from coming in if you exhibit any sign of illness. Students who must cancel because of exposure, illness, or a positive test result for COVID-19 will be issued a full refund. If the students tests positive, they should refrain from returning to class until five days have passed and there is a negative test.

If an instructor tests positive or is notified that a student or parent of a student in their class has tested positive, they should contact amy@gallery-one.org who will notify class participants and staff of a possible exposure while keeping the individual's identity anonymous.

I have read and agree to the above.

Signature _____ Date _____