



Colorado  
Photographic  
Arts Center

## Emergency Contact Form

**Please turn this into the instructor on the first day.**

Please complete this form if your child has any medical, physical or emotional matters of which CPAC staff and instructors should be informed. After that, please be aware of your teen's daily health and do not bring them to the workshop with any of the known symptoms of COVID-19. Thank you.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Phone Number: \_\_\_\_\_

Does your child have any allergies (food and/or medication)? **YES \ NO**

If **YES**, please list all allergies:

\_\_\_\_\_  
\_\_\_\_\_

CPAC welcomes youth of all abilities. We will work with each family in the best interest of the child(ren) in our program, on a case-by-case basis, to determine if CPAC is able to meet the needs of the child. Parent communication and support is essential in deciding if CPAC can meet the needs of the child.

**IMPORTANT:** Please comment on any other medical, physical or emotional issues that CPAC staff and instructors should know:

\_\_\_\_\_  
\_\_\_\_\_