



Parental Consents: The Department of Regional Art Workers (The D.R.A.W.) and Pop Up Gallery Group (P.U.G.G.) of the Kingston Midtown Arts District (MAD)

MEDICAL RELEASE FORM

Leading and Learning Through the Arts

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I, _____, give permission for my child
_____, to receive emergency medical treatment in the
event of injury or illness while interning, working, or volunteering at or for The
D.R.A.W./PUGG/MAD, including transportation by ambulance to the hospital
when needed. I take full responsibility for any financial consequences for this
medical treatment. Accidents and injuries sometimes occur during interning or
volunteering
activities. The D.R.A.W./PUGG/MAD cannot be held responsible for medical
expenses due to injuries caused during these activities.

Parent/Guardian Signature _____

Date: _____

The D.R.A.W. is the
Midtown Arts
District's arts
education program.

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Kingston Midtown Arts District
is a 501(c)(3) Corporation

