



Amiri & Cindy Richardson-Keys, Owners | [www.theARTSrva.com](http://www.theARTSrva.com) | 10179 Hull St Rd Midlothian, VA 23112 | [community@theARTSrva.com](mailto:community@theARTSrva.com) | 804658.2614

## Parental Acknowledgement & Consent Form - 2021-22 Academic Year & Summer Camp 2022

In the case of an emergency, I would like my child, \_\_\_\_\_, to be transported to \_\_\_\_\_ hospital or medical center to be treated by the staff of the emergency room. In addition, the Parent/Guardian authorizes The A.R.T.S. LLC to obtain immediate medical care if any emergency occurs when the Parents/Guardians cannot be located immediately. I am aware that any staff member of The A.R.T.S. LLC (or authorized adult volunteer in care of my child) will accompany my child to the facility once I have been contacted and made aware of the situation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I give the staff of The A.R.T.S. LLC (or an authorized adult) permission to transport my child once I have been made fully aware of any off location ventures. I understand that \_\_\_\_\_ will not be taken off site without prior notice except in the case of an emergency where contact could not be made before departing the location, but I understand that I will be made aware of any changes as soon as possible. I furthermore authorize The A.R.T.S. LLC Staff to obtain immediate care if any emergency occurs when I cannot be located immediately. I also understand that the proper safety restraints will be used when transportation is necessary.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I give consent for my child to participate in all activities that have been discussed or printed for my viewing and the material has been deemed age appropriate for my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I give consent for photographs and/or videos to be taken of my child participating in activities pertaining to The A.R.T.S. By signing below I give permission to the owners, directors, staff, volunteers and presenters of The A.R.T.S., LLC to publicly display printed or electronic photographs and works of any media type of my child as long as they are deemed with good taste and appropriate to the image, morals and character of my child and family. I may request verbally or in writing to see any pictures or photographs of my child prior to printing or posting.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

The A.R.T.S., LLC agrees to notify me whenever my child becomes ill and the I/we, the parent(s)/guardian(s) will arrange to have the child picked up within one hour of the notification if so requested by the center.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I/We, the parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately including the novel virus known as the CoronaVirus/COVID-20.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date