



STAFF HEALTH FORM (18+)

This form must be on file BEFORE the first date of employment

Today's date: _____ Name: _____

Gender/pronouns: _____ Age: _____

Employee Healthcare Insurance Company _____

Plan # _____

Do you have any allergies or medical conditions that ACA should be aware of in case of emergency? Please indicate any medications you feel would be important to emergency personnel should you become unconscious.

Primary Doctor Name & Phone _____

In case of a life-threatening emergency the Arlington Center for the Arts will immediately call 911.

MEDIA RELEASE: Occasionally, ACA takes photos of classes and camp programs for use in catalogs, advertising, promotional materials, website, and our online photo galleries.

YES, I allow ACA to use my photo, and release ACA from any and all liability arising from use of such photos.

NO, I do not allow ACA to use my photo.

Staff Signature