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Kansas City Art Institute  
PCAL  
4415 Warwick Blvd.  
Kansas City, MO 64111



**HEALTH CARE PERMISSION FORM**

Following allows Kansas City Art Institute to assure that any minor student receives medical aid when required in the judgment of officials of the school, and upon competent medical advice. If there are objections to completing this form on religious or other grounds, please return the form with stated reasons.

The undersigned, as parents/guardians of \_\_\_\_\_, a duly enrolled student at Kansas City Art Institute’s PCAL program, understand that during the program it may be necessary for the above named student to receive immediate medial attention/hospitalization without the benefit of specific consent of the undersigned in order to protect the health and welfare of the above named student and the other students in PCAL.

In view of the foregoing, it is agreed that when, in the opinion of Kansas City Art Institute, the above named student shall require medical attention/hospitalization that KCAI shall have the power, and is hereby authorized, to see that said student is hospitalized or receives medical care, or both. It is understood and agreed that KCAI shall not be responsible for the cost of such hospital care that the undersigned shall fully indemnify and hold harmless Kansas City Art Institute, its trustees, officers, agents and employees, from any claim or liability resulting from its actions authorized hereunder.

In case of emergency, contact:

\_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_  
Home address City State Zip

\_\_\_\_\_  
Day phone Evening phone Cell phone

\_\_\_\_\_  
Email Signature of Parent/Guardian

**Insurance Information (required)**

**Policy Holder:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Group#** \_\_\_\_\_

**Insurance Phone:** \_\_\_\_\_

(Please have student bring health insurance card when they attend ArtLab, or a copy of the front and back of the insurance card)