

Writing the Dark: Creative Writing Workshop  
Sundays, October 3 – 31, 2010; 2:00pm-5:30pm

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Work/Cell Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Workshop fee is \$150 for members; \$200 for nonmembers.

Are you an Atlanta History Center member?  Yes  No

Please make checks payable to the Atlanta History Center and enclose with registration form, or, if you wish to pay by credit card, please provide the information below.

Check enclosed

Charge my  Visa  MasterCard  American Express

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount Charged \$ \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Registration forms can be returned by mail, fax, or email to:

Creative Writing Workshops  
Atlanta History Center  
130 West Paces Ferry Rd, NW      Fax: 404.814.2041      Email: MEisenhart@AtlantaHistoryCenter.com  
Atlanta, GA 30305

# MARGARET MITCHELL HOUSE

## Permission and Release Form

**This form must be completed for every child. *Please print.***

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CHILD'S NAME

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PARENT/LEGAL GUARDIAN'S NAME(S)

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HOME PHONE

WORK PHONE

**In the event of an emergency, please identify two additional people we may call if we are unable to reach the parents:**

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

**Name and phone number of all people authorized to pick up your child:**

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

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PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

***You must provide written notice to workshop staff if anyone else will be picking up your child.***

# MARGARET MITCHELL HOUSE

## Medical Authorization Form

**This form must be completed for every child. *Please print.***

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CHILD'S NAME

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PARENT/LEGAL GUARDIAN'S NAME(S)

### **PRESCRIPTION MEDICATION AUTHORIZATION:**

*This information should be filled out only for those children who are on prescribed medication(s).*

- I authorize the Atlanta History Center to give my child, named above, the following medication:

MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_ TIME(S) OF DOSAGE \_\_\_\_\_

Please provide medication on a daily basis in a container clearly marked with the child's name, the dosages, and the time(s) the medication should be given.

### **NON-PRESCRIPTION MEDICATION AUTHORIZATION:**

- I authorize the Atlanta History Center to give my child, named above, first-aid treatment for minor abrasions, minor ailments, insect bites, and stings with NON-PRESCRIPTION medications, such as Benadryl or Tylenol.
- No, the Atlanta History Center is NOT authorized to give my child, named above, first-aid treatment for minor abrasions, minor ailments, insect bites, and stings with NON-PRESCRIPTION medications, such as Benadryl or Tylenol.

Allergies/restrictions (food, drugs, insect s, sunscreen, insect repellent, etc.):

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**Medical Authorization Form (Continued)**

Special problems or dietary restrictions—including how participation in activities should be adjusted:

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**EMERGENCY INFORMATION:**

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

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Plan and Policy Number \_\_\_\_\_

In an emergency, I direct the Atlanta History Center to follow these procedures:

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If it is not possible to carry out the above special instructions, I understand that the Atlanta History Center will use its judgment to seek the best emergency care possible.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

