



## WRITTEN CONSENT FORM

### Proof of Vaccination Record

By signing this form, I consent to Arts Umbrella keeping a record of my vaccination status and that I have provided proof of identification and vaccination against COVID-19.

I understand that this information will be held confidentially and will only be viewed by Arts Umbrella staff or faculty on an as-needed basis. No later than the end of term, Arts Umbrella will securely dispose of any and all vaccination records.

I understand that if another adult accompanies my child to future Parent & Me classes at Arts Umbrella, they will be required to show proof of identification and COVID-19 vaccination at the front desk before participating in the class.

Name of Adult Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Adult Participant: \_\_\_\_\_