THIS FORM MUST BE RETURNED TO THE CONTINUING EDUCATION OFFICE, OR THE INSTRUCTOR, BY THE FIRST DAY OF CLASS OR THE STUDENT WILL BE UNABLE TO ATTEND THE SESSION.

Cleveland Institute of Art
Continuing Education + Community Outreach
Emergency Medical Authorization Form

Student Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian

Parent 1: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

Parent 2: _____ Address: _____

Home Phone: _____ Work: _____ Cell: _____

Other Guardian or Childcare Provider: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

I consent to enter my child in the programs offered by the Cleveland Institute of Art. I agree to indemnify and hold harmless the Cleveland Institute of Art, its Board of Directors and all individual employees, administrators, teachers and volunteers from any claims, judgements and liability for any injury or loss due to my child's participation in the programs.

Granting Consent

I hereby give my consent that the following medical care providers and local hospitals be called in the event reasonable attempts to contact me have been unsuccessful. This consent is for (1) the administration of any treatment deemed necessary by a licensed physician and (2) the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery is obtained prior to the performance of the surgery.

List all facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which any physician should be alerted:

_____

Parent/Guardian Signature: _____ **Date:** _____

Refusing Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Cleveland Institute of Art to take the following actions:

_____

Parent/Guardian Signature: _____ **Date:** _____