

**John Carroll University (JCU)**  
**Young Writers Workshop**  
**PARENTAL CONSENT, EMERGENCY INFORMATION, AND RELEASE**

I, the undersigned parent or guardian of:

**Name of Participant** \_\_\_\_\_ **Age** \_\_\_\_\_

would like my child to participate in the JOHN CARROLL UNIVERSITY Young Writers Workshop ("the activity") to be offered at JCU from July 15<sup>th</sup>-19<sup>th</sup>, 2013. I have been informed about the nature of this activity and have been given the opportunity to ask questions about this activity.

**Emergency Contact Information**

In the event of an emergency involving my child, I direct that JCU attempt to contact the people identified below

Parent/Guardian: \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

Other Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone(s): \_\_\_\_\_

**Consent to Treatment**

In case I or the other contact person(s) cannot be reached, I authorize JCU through its employees and agents to obtain necessary first aid or emergency medical treatment for my child and I agree that this information may be released to medical personnel if necessary. I agree to be responsible for the cost of any such emergency medical treatment.

**I have provided on the reverse side of this form a description of any specific needs my child may have as well as any allergies (particularly food allergies), and any conditions to which medical personnel should be alerted.**

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Pickup Information**

[If someone other than a parent/guardian or emergency contact person identified above will be picking up the child, you must indicate your permission below:]

I give my permission to \_\_\_\_\_, Phone \_\_\_\_\_ to pick up my child from the activity.

**Release**

The above named participant, a minor for whom I am the parent or legal guardian, has my permission to participate in the above-described activity. On behalf of my child, and myself I release John Carroll University, its trustees, officers, agents, employees and volunteers, from any and all liability in connection with my child's participation in this activity. I understand that this Release covers any and all claims against John Carroll University (or any of those mentioned above.) I also understand that this release binds me, my family, my estate, and/or heirs. I have read this entire document, fully understand it and agree to be bound by it.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

**PLEASE RETURN THIS FORM TO (ASAP):**

Philip Metres Director, John Carroll Young Writers Workshop  
John Carroll University  
20700 North Park Blvd.  
University Heights, OH 44118

updated 2/2/12