

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. 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:

Philip Metres Director, John Carroll Young Writers Workshop
John Carroll University
One John Carroll Blvd
University Heights, OH 44118