

Young Artists Medical Authorization Form

Continuing Education + Community Outreach

Please complete all fields. All information is confidential and used only in the event of an emergency. By completing this form you are agreeing to the following:

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.

Student Name:

Emergency Contact Full Name:

Emergency Contact Relationship to Student:

Preferred Contact Method:

- Cell Phone
- Home Phone
- Work Phone

Cell Phone:

Home Phone:

Work Phone:

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.

Please select one of the following:

If no, please indicate alternative actions you would like CIA to take in the event of an emergency:

Please list any known student allergies:

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

Date of submission:

Signature or typed name of form preparer:

By signing above, the prepare of this form gives consent for the Cleveland Institute of Art to share the above information with its relevant instructors, so that proper actions may be taken in case of an emergency.