

Creative Arts Academy 2020

2900 Community College Avenue
Creative Arts Department – MCCA 109
Cleveland, Ohio 44115
216-987-6145

CUYAHOGA COMMUNITY COLLEGE

Release from Liability and Hold Harmless Agreement

In consideration of being permitted to participate in outside school activities (career and academic field trips) sponsored by **Creative Arts Academy** and Cuyahoga Community College, I or my parent or legal guardian if I am under the age of eighteen (18), the undersigned, so hereby agree to assume all the risks and responsibilities surrounding my participation.

This release gives my son/daughter _____ permission to participate in all of **Creative Arts Academy** activities during the **2020** calendar year.

And further, I do for myself, my heirs and personal representatives hereby agree to hold harmless, release, and forever discharge Cuyahoga Community College District and all its officers, agents and employees from and against any and all liability, loss, damage, costs, claims, and /or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the program mentioned above.

(Signature of Participant)

School

Grade

Date

(Signature of Parent or legal Guardian if Participant is under the age of 18 years)

Relationship

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____ Address _____

Telephone _____ School _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____ Relationship _____

Address _____ Phone _____

PART I OR II MUST BE COMPLETE

PART I-TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor_____	Phone_____
Dentist_____	Phone_____
Medical Specialist_____	Phone_____
Local Hospital_____	Phone_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above Named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This Authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____

Address _____

PART II- REFUSAL TO 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 school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

Address _____

Prepared by: College Legal Counsel 10,'901947r

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