

Saturday Children's Art Classes

AUTHORIZATION FOR MEDICAL CARE IN CASE OF EMERGENCY

Child's Name: _____ (hereafter "Child")

Age/Grade: _____

By my signature below, I grant Ball State University permission to seek medical care for my Child in the event of medical emergency and to release the medical information (collected as part of registration for this activity) as needed in pursuit of that medical care. I will assume financial responsibility for such medical care.

As a parent or guardian, I understand and acknowledge that it is my responsibility to disclose relevant information pertaining to my Child's medical, mental, and physical. I agree to notify Ball State University of any changes in my Child's mental, physical, or medical condition prior to or during my Child's participation in the scheduled Authorized Activity. I understand that, if my Child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

I, on behalf of myself and my Child, hereby release, indemnify and hold harmless the Authorized Activity Staff, Ball State University, its Board of Trustees, Administration, Faculty, Staff, Students, Volunteers, and all other officers, directors, employees and agents against any claims of negligence that may arise relating to the provision of medical care during the Authorized Activity.

Parent/Guardian Named (Print): _____

Parent/Guardian Signature: _____

Date: _____