

Workshops & Learnshops
City of Berea / Berea Tourism
Youth Authorization Form

Name of parent or legal guardian: _____

Relationship to child: _____ Parent OR _____ Legal guardian

Name of child: _____ Date of birth: _____

Address: _____

Your phone # / cellphone #: _____

Other emergency contact person, and phone # if different (must be another parent or legal guardian):

NOTE: Please complete the appropriate sections below.

1. If you (parent / legal guardian) WILL be in your child's workshop or learnshop, complete ONLY sections 3 & 4.

2. If you (parent / legal guardian) WILL NOT be in your child's workshop or learnshop, complete ALL FOUR sections.

Section 1.) Emergency Medical Consent

In the event of a medical emergency related to the minor child listed below, I request that the City of Berea / Berea Tourism contact me at the telephone number(s) listed above. In the event that I am unavailable, I give my consent to the City of Berea / Berea Tourism to authorize Saint Joseph Berea Hospital, or any other hospital, or any other medical facility or physician, physician's assistant, nurse, emergency medical care provider, or other medical care provider to render whatever emergency medical care may be deemed appropriate by emergency medical staff, until I am available for consultation.

Please complete the following information as it applies to your child:

Allergies: _____ Medications currently being taken: _____

Known medical conditions: _____

Name & phone # of family physician: _____

Signature of Parent/Legal Guardian

Date

Section 2.) Authorization to Transport

The individuals listed below are authorized to transport my child from any *Workshops & Learnshops* he or she is attending:

Please list below anyone who absolutely may NOT transport your child:

It is the City of Berea's and Berea Tourism's intention to ensure the safety and well-being of all *Workshops & Learnshops* youth attendees. We will not knowingly allow anyone other than those authorized to transport your child.

Signature of Parent/Legal Guardian

Date

Section 3.) Authorization to Accompany

I hereby state that I am a parent or legal guardian of the child as listed above, and have full authorization over all legal issues regarding this child.

Your Name

Relationship to child

OR:

I, as legal parent or guardian, do hereby grant my permission for the person(s) listed below to attend any *Workshops & Learnshops* with my child in my absence:

Name

Relationship to child

(NOTE: Photo ID WILL be required by anyone accompanying youth attending any *Workshops & Learnshops*.)

Signature of Parent/Legal Guardian

Date

Section 4.) Photo Release

I understand that by enrolling my minor child, _____, in the *Workshops & Learnshops* he/she may be photographed for publicity and publication purposes. (No names will be associated with photos in any publications.)

Signature of Parent/Legal Guardian

Date