**TEMPLATE**

**PARENT/LEGAL GUARDIAN CONSENT FORM**

**FOR PARTICIPATION IN A DEPAUW UNIVERSITY**

**AFFILIATED PROGRAM FOR PARTICIPANTS**

**UNDER EIGHTEEN (18) YEARS OF AGE**

(Program Administrators may feel free to adapt this form to your individual

DePauw University affiliated program. A copy of the adapted form must be

provided to the Manager of Safety and Risk Management Services – DePauw University

prior to the beginning of program registration)

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Administrator Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dear Parent/Legal Guardian:

In order for your child under the age of eighteen (18) years of age to participate in a DePauw University affiliated program, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read, fill out and sign this parent/guardian consent form. If you have questions or would like further information, please contact the Program Administrator for your child’s program.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of all phone numbers where parent/guardians can be reached (note type of phone – home, work, cell, etc.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_

**Non Parent/Guardian Emergency Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_

**Medical Information**

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**

List all medications the child will take DURING the Program/Visit. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Parent/guardian should give all medications to the adult program leader in their original containers with complete dispensing instructions before the start of the Program. The Minor program participant must be able to self-medicate. If the Minor cannot self-medicate, the parent/guardian must make arrangements with a third-party health care professional in advance of the arrival of the Minor at the Program. Minors will be allowed to carry personal “epi” pens and inhalers for self-administration.

Medication Name Dose Treatment for Dispensing Instructions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization of Consent to Medical Treatment of Minor in an Emergency**

Should my child require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child’s participation in the Program, I consent to any such treatment, first aid and/or transportation that may be provided to my child, permit Program staff and/or staff of the University Office of Public Safety to provide medically related information from this consent form to treating athletic trainers and/or medical providers, and understand that the Program and DePauw University will not be responsible for any costs associated with any of the foregoing. Further, I give my consent for the Medical Director of DePauw University’s Wellness Center to seek out the health/medical status of my child and I give authorization and consent for the treating physician(s) and/or medical facility to share information with the DePauw Medical Director on my child’s medical status.

This authorization shall remain effective through the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, unless sooner terminated in writing.

**General Release of Liability**

\* I understand that my child will be a participant in a Program affiliated with DePauw University, and I hereby give permission for him/her to participate.

\* I understand that my child will be provided with the orientation and training necessary, and as needed, for the safe and responsible participation in the Program.

\* I understand that my child may participate in physical activity. I represent and warrant that my child is in good physical condition and has no physical, health related or other problems which would preclude or restrict his/her safe participation in this Program or otherwise render his/her participation dangerous or harmful to him/her or others, and that he/she is allowed to participate in physical activity.

\* I authorize the Program and/or DePauw University to publish or release to the media any pictures of my child taken during his/her time as a participant in the Program for promotional or recognition purposes only. Yes \_\_\_\_ No \_\_\_\_\_

\* Should the Program in which my Minor child is participating require transport of participants by motor vehicle, I authorize the Program staff to arrange for and provide transportation services. Yes \_\_ No \_\_\_

\* I, the undersigned, certify that I am the parent or legal guardian of the child named above and that I have the right to make decisions for my child that effect his/her well-being. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the Program. I understand that my child is not in any way required to participate in the preceding. In light of the preceding and with sufficient knowledge of my child’s physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness, and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in the Program. I agree to release the Program and its medical providers, DePauw University, its trustees, officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively “Claims”) that I or my child may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during my child’s participation in or attendance in the Program except to the extent such Claims are caused by the gross negligence or willful misconduct of the staff or the Program and/or agents of DePauw University. I further agree to indemnify and hold harmless the Program and its staff, and DePauw University and its trustees, officers, employees, and volunteers from any and all Claims arising out of, related to, or in connection with the Program that are caused by my or my child’s negligent or intentionally tortuous acts or omissions.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Parent/Guardian’s Full Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DePauw University utilizes the Campus Conduct Hotline, a program of the Educational & Institutional Insurance Administrators, Inc (EIIA), for confidential and anonymous reporting of questionable and/or unethical behavior. Should you or your child observe or experience activity and/or behavior that you consider harmful, unethical, questionable or which causes you and yours personal injury, you are invited to file a confidential report by calling 866-943-5787.***