**WAYCROSS COMMUNITY MEDIA**
2086 Waycross Road
Forest Park, OH 45240-2717
(513) 825-2429 www.waycross.org

# Parental Consent & Liability Agreement

I hearby warrant that I am parent or guardian of:

_____

*( name )*

I give my permission for my (son/daughter/ward) to attend training workshops and participate in video production activities offered free of charge by the Community Programming Board of Forest Park, Greenhills, and Springfield Township (CPB).

I extend my permission for my (son/daughter/ward) to utilize the Waycross facilities owned by the CPB to produce programming for cable access television presentation.

I agree to accept legal and financial responsibility for damages and/or losses caused by my (son/daughter/ward) of by his/her negligence using said equipment. I agree to pay for all costs of repair or replacement of damaged and/or lost equipment, at the equipment owner's discretion.

_____

*Parent/Guardian signature*

_____

*Parent/Guardian printed name* *Today's Date*

_____

*Address*

_____

*Daytime Phone* *Evening Phone*



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# Emergency Medical Authorization

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for minors who be come ill or injured while under Waycross authority when parents or guardians cannot be reached.

**Minor's Information**
Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
City/State/Zip: _____

**Residential Parent or Guardian:**
Mother: _____ Daytime Phone: _____
Father: _____ Daytime Phone: _____
Other Name(s): _____ Daytime Phone: _____

**Name of Relative or Childcare Provider:**
Name: _____ Relationship: _____
Address: _____ Phone: _____
City/State/Zip: _____

***-- PART I OR PART II MUST BE COMPLETED --***

**PART I - To Grant Consent**
I hearby give consent for the following medical providers and local hospital to be called:
Providers and local hospital to be called:
Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ ER Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hearby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, 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 minor's medical history including allergies, medication being taken and any physical impairments to which a physician should be alerted:

_____
_____

Parent/guardian signature: _____ Date: _____

**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 Waycross authorities to take the following actions:

_____
_____

Parent/guardian signature: _____ Date: _____