

Cape Cod Community Media Center YOUTH WORKSHOP EMERGENCY FORM

PARENTAL/GUARDIAN CONSENT FORM

(Please print all info)

Young adults NAME \_\_\_\_\_ has my consent to participate in the Television 101 camp at 17 Shad Hole Rd, Dennisport, MA 02639.

Today's Date: \_\_\_\_\_ Workshop Start Date: \_\_\_\_\_

I accept full responsibility for my child's conduct and health during the camp and will hold the Cape Cod Community Media Center harmless from any consequences of my child's participation in this program. Before camp begins, I will provide:

1. A written note from the doctor regarding any medical condition that FPA needs to be made aware of
2. A written request to allow FPA to distribute any needed medications.

Physician information: \_\_\_\_\_

Name: \_\_\_\_\_

Address : \_\_\_\_\_ Phone #: \_\_\_\_\_

3. A copy of insurance card. If the Media Center deems that there is a medical emergency, I give Media Center Staff permission to have my child transported to the nearest hospital. The Media Center will make every effort to contact the parent/guardian.

Please provide two (2) emergency contacts.

Emergency Contact: (Please Print)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact: (Please Print)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Information of person who will pick the student up:

Student will be transporting self to and from camp. Yes or No If no, please fill out below

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent or Guardian Name (Please print) & Signature

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\*\*The Cape Cod Community Media Center Policy Manual states that minors from the age of 12 and up to the age of 18 must submit a signed Parental or Legal Guardian Consent form.