

**Northeast Ohio Medical University**  
**Educational Experience for High School Students – Parent/Legal Guardian Agreement, Release and**  
**Consent for Emergency Medical Treatment Form**

**I) Agreement**

In consideration of my child/ward's ability to participate in educational experiences at Northeast Ohio Medical University, I hereby agree as follows:

My child/ward is allowed to participate in these educational experiences between \_\_\_\_\_(Date) and \_\_\_\_\_ (Date).

During the period of the educational experience, my child/ward will not be considered an employee of the University, and will not receive salary, payment or other benefits. In addition I acknowledge and understand that any injuries my child/ward may sustain while participating in the education experience at the University will not be covered by Worker's Compensation. I understand that the primary value of this opportunity is educational in nature.

I understand my child/ward agrees to obtain all of the training required by the University and any additional training specified in this agreement, before beginning any activities. Further, I understand that faculty and/or federal or state agencies may impose additional safety or procedural requirements based on my child/ward's activities.

I acknowledge that the University has advised me to procure appropriate medical insurance coverage for my child/ward and that I have done so.

I understand that my child/ward agrees to cooperate with University employees and comply with their directions, and I acknowledge that if my child/ward fails to do so, the University may terminate my child's/ward's participation agreement.

I acknowledge that the University has the right to terminate my child's/ward's participation and this agreement at any time, with or without cause.

I understand that neither the University nor any of its employees or agents involved in or associated with my child's/ward's educational experience assumes, nor do they intend to assume, any parental roles, responsibility, or obligations with respect to my child/ward. I further understand that my child/ward will be permitted to move about freely on the University campus in an unsupervised manner during normal working hours.

**II) Release**

I understand the risks and hazards of this activity. I hereby release, forever discharge, and agree to indemnify and hold harmless, Northeast Ohio Medical University (NEOMED), their employees, officers, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage or personal injury, including death, that may be sustained

by my child/ward or to any property belonging to my child/ward while participating in any and all activities on the NEOMED campus.

I acknowledge that my child's/ward's participation in this activity is elected by my child/ward and not required by NEOMED. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death, and for any property damages that may be sustained by my child/ward as a result in participation.

**III) Consent for Emergency Medical Treatment**

In the event of illness or injury, I hereby authorize University employees to obtain emergency or other medical treatment for my child/ward as necessary and to notify me of the event within a reasonable timeframe thereafter. I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to the University employee to give specific consent to diagnosis, treatment or hospital care which, in the best judgment of a licensed physician, is deemed advisable for the emergency medical treatment of my child/ward.

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Specialist (if any): \_\_\_\_\_

Dentist: \_\_\_\_\_

\_\_\_\_\_  
Name of High School Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of High School Student

\_\_\_\_\_  
Name of Minor's Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor's Parent or Legal Guardian