



Student Name:
ID Number:
Class Number(s):

CONSENT FORM

This form is required for participation in Children’s Workshops in Art + Creativity, the Middle School Program, and the Early College Program, and is valid and for one term. Forms must be signed, as typed names cannot be accepted.

ACKNOWLEDGMENT and AGREEMENT

Medical: I give SAIC permission to obtain emergency medical care, hospital, or clinic treatment for me. I hereby waive liability against SAIC for such care and for transportation provided to such locations as deemed necessary by SAIC.

SAIC staff members are not trained medical professionals. For this reason, SAIC staff members will not administer any prescription or over-the-counter medications to students participating in on-campus activities, with the following two exceptions: First, SAIC staff members may administer EpiPens in the event of an emergency appearing to be an allergic reaction. Second, SAIC staff members will administer only prescription medication in the event of an emergency if the student provides SAIC with access to the medication and that medication is called out in a completed Emergency Action Plan on file from the student’s physician. If your student has a known allergy and/or medical condition, please download an Allergy History Form and Emergency Action Plan Form on the Forms and Downloads page and email your completed forms to saic-youth@saic.edu.

Students participating in on-campus activities are permitted to self-administer over-the-counter or prescription medication.

Rules of Conduct: I have read and agree to abide by the SAIC Rules of Conduct listed online in Forms and Downloads. If in ECP, I have read and agree to abide by the SAIC Student Rights and Responsibilities listed online.

Photo/Video: I give SAIC permission to video or photograph me participating in instructional and/or social activities at SAIC and to publish such videos or photographs. I agree to the forgoing on behalf of myself/my child or ward.

Participation in Field Trips

In consideration of my minor child or ward (“Student”) being allowed to participate in any field trip conducted as part of SAIC’s Youth Programs, I do hereby, for myself, the Student and my dependents, heirs, executors, administrators, agents and assigns, agree to waive, hold harmless, indemnify, covenant not to sue, release, and forever discharge the Art Institute of Chicago, the School of the Art Institute of Chicago and their trustees, officers, employees, members, agents, successors, and assigns (hereafter collectively referred to as “Releasees”), for and from any and all responsibility, liability, causes of action suites, damages, demands, and claims whatsoever which I, the Student or those claiming under either of us may have, suffer, or incur now or in the future resulting from or arising out of the Student’s participation in said field trip and any direct or indirect event in connection therewith occurring before, during and/or after said trip, including, but not limited to claims for death, personal injury, property damage or loss, whether arising out alleged strict liability, negligence of Releasees, or otherwise.

On behalf of myself and the Student, I further agree to indemnify and hold harmless said Releasees of and from all liabilities described above, arising out of or connected with the Student’s participation in said field trip, including any claims of third persons relating to the above matters, whether by subrogation or otherwise.

Parent/guardian signature: _____ **Date:** _____



**CONTINUING
STUDIES**

MIDDLE SCHOOL PROGRAM (AGES 10-13) ONLY:

Permission for Unescorted Dismissal

Students are not permitted to leave campus unescorted without prior written approval indicated on the Consent Form (last section). If you prefer to allow your child to leave at the end of class without the presence of an approved parent or guardian holding a pick up pass, complete this part of the consent form by checking "yes" and signing. (Not valid for students in Children's Workshops in Art and Creativity or the Early College Program).

My child/ward may leave unescorted at time of class dismissal. **YES** **NO**

Parent/guardian signature: _____ **Date:** _____