

Art and Ecology 2019-20

At the Wexner Center for the Arts

Parent/Guardian Permission Slip

To be filled out by the student's parent or guardian & returned to the Wexner Center as part of the student's application package due May 1st

Student's Name: _____

Student's School: _____

Parent's Name: _____

Parent's Telephone Number: _____ (W) _____ (H)

Parent's Email Address (if available): _____

I give permission for _____ (student's name) to be dismissed from school on Wednesday afternoons Aug 21, 2019–January 8, 2020 to attend this course from 3:00 - 5:00 PM. I understand that the Wexner Center staff will take attendance at each session but will be unable to report absences of students on the day of each session. Students will meet at various sites on campus at OSU as well as municipal and community sites around Columbus. They will also take an all-day bus trip to an AEP power plant in West Virginia and/or the Franklin County Landfill and/or the Stratford Ecological Center. We also plan to attend a full day of the Teen Eco Summit at the Columbus Zoo in early November. I understand that students are responsible for their own transportation to the program as well as for their own safety during course sessions. The Wexner Center will provide my student with either a parking pass (for campus parking) or a daily COTA bus pass. Students will also be required to attend additional evening, weekend, and late afternoon extracurricular events. The center will provide students complimentary admission to these programs including a free ticket for a guest, when the event is ticketed. Students will not be supervised at the end of class or extracurricular sessions and will be responsible for getting themselves to their car or bus for transportation.

I also understand that the students will be required to complete and discuss in class course readings that will include Oryx and Crake or The Year of the Flood, novels by Margaret Atwood. I understand that the novel contains adult content as do some of the exhibitions, films, and performances presented at the Wexner Center that the students will study. Students admitted to the course will be given their own copies of the above book as well as other course readings. I understand that **students will need regular access to the Internet either at home or school, or at a public library and must commit to checking email daily**. Please be sure to let Shelly Casto know if this will be a challenge for your student.

Finally, I understand that students may receive high school level course credit from their home school districts, but that securing this credit is not guaranteed. Parents and students in this course should work with sponsoring teachers to secure this credit. I understand that it will be ultimately be the student's responsibility to work with guidance counselors and other school district staff members in order to secure this credit. The Wexner Center will supply me with any paperwork or documentation I need and may have guidance for working with individual schools or districts. I understand that the Wexner Center cannot grant credit directly.

Signed: _____ Date: _____

For **questions** about the program, please contact:
Shelly Casto, Director of Education, Wexner Center for the Arts
614-688-3986
scasto@wexarts.org

Emergency Medical Authorization Form

The Wexner Center requires written permission from a parent or guardian of each child before she/he may participate in the fall 2019 Art & Ecology course. I release the Wexner Center for the Arts and staff and The Ohio State University, its board, officers, and employees from any and all liability of any kind which may arise during or related to the course except liability for damages and injuries caused by the sole negligence of the Wexner Center for the Arts or The Ohio State University.

Section 1: Consent to Emergency Treatment

Student Name: _____ Birthdate: _____

Address: _____
City, State Zip

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while under the authority of the Wexner Center for the Arts, when parents cannot be reached.

In the event of an emergency, please call:

1. Name: _____ Parent	Home phone: _____ Work phone: _____ Cell: _____
2. Name: _____ Parent	Home phone: _____ Work phone: _____ Cell: _____
3. Name: _____ Other Relationship: _____	Home phone: _____ Work phone: _____ Cell: _____

In the event reasonable attempts to contact the above-mentioned have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent or Legal Guardian

Date: _____

Section 2: Emergency Medical Information

Food Allergies: _____ Medicine Allergies: _____

Insect Allergies: _____ Other Allergies: _____

Is EPI-PEN required? Yes _____ No _____

Current Medications:

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Health Concerns (Diabetes, Asthma, Epilepsy, etc.) _____

Additional information, comments, or concerns (including any necessary learning accommodations):

Photography Consent:

I give my consent for photographs and/or video tape/film to be taken of my child and of my child's artwork for use in news stories, publications, slide shows, promotional videos, or other appropriate (non-commercial) purposes—at the discretion of the Wexner Center for the Arts and The Ohio State University.

YES ____ NO ____

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)