

## Parent/Guardian Responsibilities and MSU Youth Program Consent

### 1. Read and complete all required paperwork:

- ☐ Medical Treatment Authorization for MSU (p. 1)
- ☐ Parent/Guardian Permission for Independent Commute and Early/Alternative Release Form (p.2)
- ☐ Take It From The Top Media and Liability Release (p.3)
- ☐ Provide clear, recent photo of participant (head and shoulders is preferable, does not have to be professionally taken)

### 2. Sign-In / Sign-out Procedure:

ALL students need to follow our sign-in/sign-out procedures as detailed in the welcome letter and on the Parent/Guardian Permission for Independent Commute and Early/Alternative Release Form

### 3. Before & After Care Procedure

Before & After Care is **NOT** offered. Students may be dropped off *up to 15 minutes* prior to start time and must be picked up *no later than 10 minutes* after end time.

### 4. Youth Program Policies

Please visit MSU's website for specific details on policies and procedures regarding our youth programs at:

<https://youthprograms.msu.edu/policies/index.html> by signing this form, you confirm that you've made yourself familiar with this information.

Instructions: This packet can be submitted in one of the following ways to [stuible3@whartoncenter.com](mailto:stuible3@whartoncenter.com)

1. Print, sign, scan, and return by email;
2. Email this form with an electronic signature; or
3. Complete this form and email it with a message stating that you consent to the attached form

I grant permission for (minor participant's name) \_\_\_\_\_ to participate in all educational and social activities of the following program or activity:

#### **Take It From The Top 2025-2026**

I have read the session descriptions, and I accept the risks associated with my child's participation. I understand that my child has a role in their safety and security.

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

Parent or legal guardian name & Daytime phone number: \_\_\_\_\_

Additional parent/guardian/emergency contact name **and** phone number (required for all participants):

\_\_\_\_\_

If there are any participants that you hope to be grouped with, please list them here (please note that we group by grade. While we do our best to accommodate all requests, we cannot guarantee being in the same group as friends):

\_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY

Your child will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name: \_\_\_\_\_ Participant Pronouns: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Name to appear on name tag: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary care physician's name: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant \_\_\_\_\_  
Please attach a photocopy of both sides of your insurance card **OR** complete the information requested below:  
Insurance company name: \_\_\_\_\_  
All policy numbers (please identify): \_\_\_\_\_  
If you have HMO insurance, please list the emergency treatment authorization phone number: \_\_\_\_\_

**INFORMATION NEEDED ABOUT PARTICIPANT:** Please check yes or no. If yes, provide more information:

	YES	NO
Does the participant have any chronic health problem or illness?	_____	_____
Has the person been treated recently for any medical problem?	_____	_____
Do they have any allergies?	_____	_____
Do they have any food allergies?	_____	_____
Do they have any allergies to medication or local anesthetics?	_____	_____
Does the participant carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of their last tetanus shot _____
List any medications he or she is now taking for treatment of any medical problem staff should be aware of:	_____	

### OFFICIAL AUTHORIZATION FOLLOWS:

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

\_\_\_\_\_  
Signature of Parent/Guardian **or** of participant (age 18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

**Wharton Center Institute for Arts & Creativity**  
**Permission for Independent Commute and Alternative Release**

For the purposes of this document, **independent commuting** is defined as the participant checking themselves in and out without their parent/guardian.

This form must be completed prior to the start of the Institute for Arts & Creativity program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians give permission for the participant to independently commute- that is, if the participant is over the age of 13, they may check themselves in and out daily. **All participants 13 and younger MUST be checked in and out daily by a parent/guardian or other designated person below.**
- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion.
- The participant's parents/guardians have arranged for a specified adult other than the participant's parents/guardian to take responsibility for the participant during the youth program's pick-up and drop-off process.

**Participant's Name:** \_\_\_\_\_

**Program Name:** Take It From The Top 2025-2026

**Permission for Alternative Release**

I, \_\_\_\_\_, parent/guardian of the above participant, grant permission to Wharton Center Institute for Arts & Creativity staff/volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the program (please list all below, or attach additional sheet)

First Name	Last Name	Relationship to Participant

**Permission for Participant to Commute Independently (for participants over 13 only)**

☐ I confirm that the above participant is over the age of 13 and allow the participant to commute independently to and from the specified program. *If not checked participants over the age of 13 must be checked in and out in person with Wharton Center staff.*

**Authorization Signature**

By signing below, I acknowledge that Wharton Center Institute for Arts & Creativity will not be responsible for the participant after the participant is excused in one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# W H A R T O N

## TAKE IT FROM THE TOP 2025-2026

I grant permission for \_\_\_\_\_ to participate in all educational and social activities of the following MSU program or activity:

**Program name: Take It From The Top**

**Program dates: July 2025-June 2026**

**MSU unit/department: Wharton Center for the Performing Arts**

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I DO ☐ DO NOT ☐ authorize MSU to record the image and voice of the subject named below and gives MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand said images and/or voice will be used for educational, advertising, and promotional purposes in all conventional and electronic media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

I DO ☐ DO NOT ☐ grant Take It From The Top permission to take photographs, and/or make video or audio recordings of me/my child and use them in connection with the promotion or publicity for Take It From The Top Broadway Workshops.

Parent or Legal Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_