

YOUTH PARENT PERMISSION - RELEASE FORM

*Dates of Activities: September 2010 - August 2011

Youth Name: _____ DOB: _____ Grade (Fall '10): _____

Address: _____
Street City State Zip

Mother: _____ Home # _____ Cell # _____ Work # _____

Address: _____
Street City State Zip

Father: _____ Home # _____ Cell # _____ Work # _____

Address: _____
Street City State Zip

Youth Resides/Lives With: _____ Family Email Address: _____

Mom _____ Dad _____ Both _____ Other: _____

Medical Information

Parent Insurance Carrier _____ Policy # _____

Address Insurance Co _____ Phone # _____

Family Doctor's Name _____ Phone # _____

Allergies (Food/Medication/Other): _____

Medications: _____ How Often: _____

If my child has a headache you may give him/her medication? Yes No

Aspirin Tylenol Advil Other _____ (Circle your choice)

Are there any Physical/Emotional issues we need to be aware of? (This information will be kept confidential):

IN CASE OF EMERGENCY THE FOLLOWING INDIVIDUALS HAVE PERMISSION TO PICK UP MY CHILD:

Emergency Contact: _____ **Relationship:** _____

Home # _____ Cell # _____ Work # _____

Emergency Contact: _____ **Relationship:** _____

Home # _____ Cell # _____ Work # _____

Emergency Contact: _____ **Relationship:** _____

Home # _____ Cell # _____ Work # _____

MEDICAL RELEASE AND AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

The undersigned, parent or guardians of _____ hereby agree that: We authorize any person performing services for the **LA HABRA UNITED METHODIST CHURCH** to consent to any medical attention, treatment, medication, surgery or hospital care to be rendered to my minor son/daughter under the general and special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood 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 on the person/s to give specific consent to any and all diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until revoked by Parent or Guardian in writing and delivered to the **LA HABRA UNITED METHODIST CHURCH**.

We fully and forever absolve and release **LA HABRA UNITED METHODIST CHURCH**, its members, officers, agents, employees, successors and assigns, and each of them, and from any and all responsibility, liability or both, for any and all injuries, damages or both sustained by our son/daughter while participating in any planned activity of the **LA HABRA UNITED METHODIST CHURCH** or traveling to or from. This release shall not apply to intentional acts or active negligence on the part of any individual performing services for **LA HABRA UNITED METHODIST CHURCH** in connection with any activity, but shall apply to all other bases of liability.

We will indemnify **LA HABRA UNITED METHODIST CHURCH** and each of its members, officers, agents, employees and assigns and hold them harmless from all claims, suits, liabilities and action of every kind and nature for any and all injuries damages or both, occurring because of the negligent acts our minor son/daughter while engaged in the activity of transit to or from.

A photocopy or other reproduction of this authorization shall be considered as an original (California-Civil Code: Section 25.8)

Parent/Guardian Signature

Date