

## Medical Release/Liability Release Permission Slip Form

Please Fill Out Completely

Child's Name: \_\_\_\_\_ Home Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Casa De Alabanza Inc. Events

From August 1, 2009 through August 31st, 2010

#### MEDICAL RELEASE

In the event my child (children) becomes ill or is injured while under church supervision, I authorize the "Person In Charge" (defined as the person in charge of **Casa De Alabanza**, Inc.'s participation in any church event or the Person In Charge's designee) to take the following steps in the following order:

1. Contact the parents of the child and follow his/her instructions.
2. In the event of an emergency when neither parent can be contacted, the Person in Charge will immediately attempt to contact the child's physician and follow his/her instructions.
3. If the child's physician cannot be immediately reached, the Person In Charge will use their own discretion in contacting a properly licensed practicing physician or the nearest hospital and follow his/her instructions.
4. At the same time as the preceding steps are occurring, I authorize the "Person In Charge" to call for/order emergency medical services for the child.

If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the "Person In Charge" to furnish, on my behalf, such written or oral authorization as may be so required.

Further, I release **Casa De Alabanza** and its representatives from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

#### ALLERGIES OR SPECIAL MEDICAL INFORMATION

**Statement of Health (To be filled out by parent or guardian)**

Emergency Phone – Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Employer: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Phone # \_\_\_\_\_

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

Phone# \_\_\_\_\_

Health

Problems/Limitations: \_\_\_\_\_  
\_\_\_\_\_

Immunizations: Date of last Tetanus Shot/Boosters:  
\_\_\_\_\_

List medication(s) participant is currently taking:  
\_\_\_\_\_

List all medications that participant is bringing:  
\_\_\_\_\_

**ALLERGIES** (check any that apply):  Drugs  Plants  Food  Bee Stings  Other  
\_\_\_\_\_

Yes  No: My child can be given pain reducing medication (i.e., Tylenol, aspirin, etc.) as deemed necessary by Person In Charge. If **NO**, please list medications not to be dispensed:  
\_\_\_\_\_

**\*\*All medications, including non-prescription drugs must be turned into the "Person In Charge" upon arrival.**

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**LIABILITY RELEASE**

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me or my child to participate in **all Casa De Alabanza** events, I do for myself and my heirs, executors, administrators and assigns, hereby waive and release any and all rights and claims for damages which I may have against **Casa De Alabanza** as well as any other person connected with the activity including said person's heirs, executors, administrators, successors, and assigns for any and all injuries which I or my child may suffer while taking part in said activity or as a result thereof.

**PARENTAL AUTHORIZATION**

I hereby give permission for my child to participate and attend events as indicated above, including but not limited to the 2009 REFUEL weekend Summer Camp. I further certify that the health history given to **Casa De Alabanza** is correct as far as I know and the "Person In Charge" has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Person In Charge to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I also hereby give permission to the Person In Charge and /or other member of the event staff to inspect the contents of any or all of my child's personal belongings, and to withhold and / or dispose of any improper or illegal contents.

Date: \_\_\_\_\_ X \_\_\_\_\_

(Signature of Parent or Guardian)

**PHOTO RELEASE/PERMISSION TO USE PICTURES FOR PROMOTIONAL PURPOSES**

The undersigned parent or legal guardian of \_\_\_\_\_ ("Child"), in consideration of **Casa De Alabanza** the benefits of the Child participating in the activities of, hereby grants to **Casa De Alabanza** the right to photograph said, Child, and to use said photographs, regardless of the form thereof, which may include but not necessarily be limited to still format, digital format or still or digital format video, to promote **Casa De Alabanza's** Children's or Student Ministries. It is understood and agreed that the photographic images taken by **Casa De Alabanza** and used by them for promotional purposes may be used in various forms, including but not necessarily limited to, printed forms, transmission via internet, television or otherwise. The permission herein granted shall continue in effect unless revoked in writing.

Date: \_\_\_\_\_ X \_\_\_\_\_

(Signature of Parent or Guardian)