

# CAMARILLO COMMUNITY CHURCH

MEDICAL RELEASE, LIABILITY RELEASE (SELF INDEMNIFICATION), AND PERMISSION TO PARTICIPATE

## STUDENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ School \_\_\_\_\_

## PARENT INFORMATION

Father/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

## EMERGENCY CONTACTS (WHEN PARENTS CANNOT BE REACHED)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Primary Phone \_\_\_\_\_

## MEDICAL INFORMATION

Allergies/Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Food Allergies \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

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

Physician \_\_\_\_\_ Phone \_\_\_\_\_

## AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (we), the undersigned, parent(s) or legal guardian(s) of this participant (hereinafter "my child" or student), a minor, do hereby authorize Camarillo Community Church's staff, youth ministry leaders, or children's ministry leaders as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a 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 part of our afore said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. If it should become necessary for my child to receive medical treatment for any reason, I agree to submit all claims to my insurance company. I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the activity, which is over and above that which is covered by my insurance.

## RELEASE OF LIABILITY AND SELF INDEMNIFICATION

There is potential risk when traveling and/or participating in any youth or children's ministry group activity. I (we), the undersigned parent(s) or legal guardian(s), do for myself and on behalf of my child participant do hereby release, forever discharge, and agree to hold harmless Camarillo Community Church, its youth ministry volunteers, its children's ministry volunteers, or paid staff thereof from any and all liability, claims or demands for personal injury, sickness, or wrongful death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in a church youth group or children's ministry trip or activity. Furthermore, I and on behalf of my child participant hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation. The undersigned further agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Camarillo Community Church, its volunteers, or paid staff we hereby hold harmless and indemnify said organization(s), its volunteers, employees and agents, for any liability sustained as the result, of negligent, willful, or intentional acts of said persons or otherwise, including expenses incurred attendant thereto.

## PERMISSION TO PARTICIPATE

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Camarillo Community Church. Further, should it become necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

## SIGNATURE

I have read and understand this form and I agree to be legally bound by it.

Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(This authorization shall remain effective for one year.)