Emmanuel Evangelical Free Church Of Burbank

Parent Permission Release Form

Current Grade: **6 7 8**

Gender: Male / Female (circle one) *Date of Birth:* Month ____ Day____ Year_____

Name *Last:* *First:*

Address *Street:* *City :* *Zip:*

E-mail (MUST HAVE) (Please print clearly)

Phone # *Home: ( )* *Cell: ( )*

Parent Info. *Mother's Name:* *Work #: ( )*

Father's Name: *Work #: ( )*

911

EMERGENCY CONTACT

Relationship to Student

Name#1: *Phone#: ( )*

Name#2: *Phone#: ( )*

Family Doctor: **Phone#: ( )**

Insurance Co. Name: **If none, please check here:** ☐

Insurance Policy/Group #:

Known Medical Conditions:

Allergies: **Medications:**

Date of last tetanus immunization: *Month* *Day* *Year*

WILL YOU ALLOW BLOOD TRANSFUSIONS? (circle one) *Yes / No* **Contact Lenses?** *Yes / No*

Authorization of consent to treatment of minor:

I) (We) the undersigned parent(s) of ☆ **(child's name)**, a minor, do hereby authorize Emmanuel Evangelical Free Church - Burbank youth ministry leaders as agent(s) for the undersigned to consent to any 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 specific supervision of, any physician and surgeon licensed under the provision of the Medical 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 aforesaid 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.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. **This authorization shall remain effective from June 2009 – December 2010**

Release of Emmanuel Evangelical Free Church of Burbank:

☆ **(parent's name)** shall indemnify, hold free and harmless, assume liability for, and defend Emmanuel Evangelical Free Church of Burbank its agents, servants, employees, officers, and directors from any and all costs and expenses; including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the Emmanuel Evangelical Free Church - Burbank assertion of liability, or any claim or action founded thereon, arising or alleged to have risen out of ☆ **(child's name)** use of real property or personal property belonging to Emmanuel Evangelical Free Church - Burbank its agents, servants, employees, officers, and directors, or by action or omission by ☆ **(child's name).**

Adults:The user acknowledges that participation in the event/s activity/ies described herein also constitutes approval to be photographed and to have those photographs placed in Church related publications, including the Church website. **Parents for Children**:Participation in church related event/s, and activity/ies constitutes approval by you the parents for your children to possibly be photographed and to have those photographs placed in Church related publications, including the Church

Parent/Guardian Signature *Date*

Emmanuel Evangelical Free Church Of Burbank

Parent Permission Release Form

Current Grade: **9 10 11 12** *Year of High School Graduation:* **(Circle One)** 2010 2011 2012 2013

Gender: Male / Female (circle one) *Date of Birth:* Month ____ Day____ Year_____

Name *Last:* *First:*

Address *Street:* *City :* *Zip:*

E-mail (MUST HAVE) (Please print clearly)

Phone # *Home: ( )* *Cell: ( )*

Parent Info. *Mother's Name:* *Work #: ( )*

Father's Name: *Work #: ( )*

911

EMERGENCY CONTACT *Relationship to Student*

Name#1: *Phone#: ( )*

Name#2: *Phone#: ( )*

Family Doctor: **Phone#: ( )**

Insurance Co. Name: **If none, please check here:** ☐

Insurance Policy/Group #:

Known Medical Conditions:

Allergies: **Medications:**

Date of last tetanus immunization: *Month* *Day* *Year*

WILL YOU ALLOW BLOOD TRANSFUSIONS? (circle one) *Yes / No* **Contact Lenses?** *Yes / No*

Authorization of consent to treatment of minor:

I) (We) the undersigned parent(s) of ☆ **(child's name)**, a minor, do hereby authorize Emmanuel Evangelical Free Church - Burbank youth ministry leaders as agent(s) for the undersigned to consent to any 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 specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

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Parent/Guardian Signature *Date*