

PARENT PERMISSION AND RELEASE OF LIABILITY

Child Name: _____ Date of Birth: _____

Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone:() _____

Parental Consent:

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby consent to said Minor participating in _____ (explain activity) conducted by: _____.

Authorization of Consent to Treatment of Minor:

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize Chris Goeppner, hereinafter "Agent", for and on behalf of 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, during all times that the Minor is in the presence of said Agent.

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 shall remain effective through the ____ day of _____, 20____, unless sooner terminated in writing.

Release of _____ (student name):

Chris Goeppner shall indemnify, hold free and harmless, assume liability for, and defend Calvary Chapel of Jupiter, its agents, servants, employees, officers, and directors from any and all liability

for personal injury or property damage and costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of _____(child's name) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

Parent _____ Signed _____ Date: _____

Parent _____ Signed _____ Date: _____

ADDENDUM TO PARENT PERMISSION AND RELEASE OF LIABILITY

Home Phone: _____ Work Phone: _____

Other phone number: _____

Legal Guardian: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Insurance Co.: _____ If None Please Check: [____]

Insurance policy name & #: _____

Known Medical Conditions:

Medications? _____

Allergies? _____

Last Tetanus Immunization? _____

Will You Allow Blood Transfusions? (check your response) Yes [____] No [____]

Other Comments: _____

Parent _____ Signed _____ Date: _____

Parent _____ Signed _____ Date: _____