

## **CHURCH OF THE CHIMES PARENTAL PERMISSION FORM 2011-2012**

Medical Authorization, Permission and Assumption of Risk and Release

### **1. Medical Authorization:**

As the parent(s) or guardian of \_\_\_\_\_, a minor, I/we authorize Church of the Chimes and their adult employees and representatives, including Beryl Banks and Julie Espinoza, as the agent for the undersigned to consent to emergency medical or dental care for the above-named minor, including x-ray, MRI and other diagnostic imaging examination, anesthetics, dental, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and/or surgeon licensed under the California Medical Practice Act or a dentist licensed under the California Dental Practice Act where such a licensed individual is available, or upon the advice of or to be rendered by a physician and/or surgeon licensed under another jurisdiction for services rendered outside of California.

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 to our agent to give specific consent to any and all such diagnosis, treatment or hospital care which the physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable.

If this authorization is executed by only one parent or guardian, I certify that I have sole legal custody of the above-named minor. I/we also agree to assume any and all financial responsibility for emergency care and services to the above-named minor, including rescue and transportation services. This authorization shall remain in effect so long as the above minor remains a participant in the Church of the Chimes event and to and from event of which they are a participant.

While I/we understand that Church of the Chimes makes no representation and does not warrant that the following medical treatment will be available, I/we authorize those adult group leaders on the trip who have received appropriate emergency training to administer emergency first-aid treatment to my/our child, including emergency treatment of bodily injuries, animal bites and symptoms of anaphylactic shock, which may be treated with epinephrine via "EPI-PIN" injection, that may result from a severe and possibly life threatening allergic reaction to insect bites, insect stings, food or plants.

### **2. Permission, Assumption of Risk and Release:**

I/we permit my/our child, named in the above Medical Authorization, to attend and participate in all events of the Church of the Chimes for the school year 2011-2012. I also have read and understand the information document that was delivered by hand or posted on the Church of the Chimes website for each specific event. While I/we understand that Church of the Chimes is providing limited supervision of this trip, I/we acknowledge the disclosures and disclaimers contained in the information document or that which was posted on the website, including the following: many trips/events involve travel in mountainous terrain including winter conditions, or parks such as Magic Mountain;

my/our child will not be supervised while engaged in activities on such trips; in the event of overnight trips, my/our child will be sleeping in public lodging; the School is not responsible for my/our child's equipment; and the School will not be providing 24 hour per day supervision of the student participants. I/we also understand that there are inherent risks of serious personal injury and property damage involved in all of the above activities and travel, and that it is not practicable for Church of the Chimes to provide supervision of such activities at all times. I/we voluntarily assume and accept such risks of personal injury and property damage arising from my/our child's attendance and participation in such activities and travel.

I/we release Church of the Chimes, its trustees, employees and agents from all actions, claims or demands that I/we, my/our child, our heirs or representatives now have or may have in the future for personal injuries or property damage resulting from my/our child's attendance and/or participation in Church of the Chimes trip/events for the school year 2011-2012. I/we agree that this release includes personal injury or property damages caused by negligence, active or passive, of Church of the Chimes and its trustees, employees and agents; however, the release does not apply to liability for gross negligence, willful injury, fraud, or intentional violation of law. This release is not intended to release the Church's insurer, if any, or non-agent third parties of any responsibility for any claims that may be asserted, including those risks expressly released herein. The provisions of this agreement shall remain in effect through the completion of the trip/event.

I/WE HAVE CAREFULLY READ THIS AGREEMENT; I/WE UNDERSTAND IT INCLUDES A FULL RELEASE OF LIABILITY EXCEPT AS EXPRESSLY STATED ABOVE; AND I/WE AGREE TO ITS TERMS.

Dated: / \_\_\_\_\_ (signature) (print name)

Dated: / \_\_\_\_\_ (signature) (print name)

*[If the foregoing is executed by only one parent or guardian, please complete the following.]* I certify that I have sole custody of the above-named student.

Dated: / \_\_\_\_\_ (signature) (print name)

**Medical/Emergency Contact Information:**

Home Address: \_\_\_\_\_

Telephones: Home. \_\_\_\_\_ Parent/Child \_\_\_\_\_ / \_\_\_\_\_ Office/Bus. \_\_\_\_\_

Other Emergency Contact: Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Health Insurer: \_\_\_\_\_ Group No. \_\_\_\_\_ Subscrbr. No. \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Student's Doctor: Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Health Information (allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_