



CHURCH
of the CHIMES

CHURCH OF THE CHIMES PARENTAL PERMISSION FORM

Medical Authorization, Permission, Photo Release 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, henceforward referred to as The Church, and their adult employees and representatives, including Jonathan McMahan 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 event and to and from event of which they are a participant.

While I/we understand that The Church 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 at Church of the Chimes. I also have read and understand the information document that was delivered by hand or posted on the Church website for each specific event. While I/we understand that The

Church 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, camps or amusement parks; 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 Church will not be providing 24 hour per day supervision of the student participants. I/we also understand that there are inherent risks of personal injury and property damage involved in all of the above activities and travel, and that it is not practicable for The Church 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 The Church, 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 The Church trip/events.

Church Promotions Release:

I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, church social media, etc.) in highlighting the event. NAMES WILL NOT BE USED.

I/WE HAVE CAREFULLY READ THIS AGREEMENT and UNDERSTAND IT 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:

Home Phone _____

Parent Cell _____

Parent Work _____

Parent Email: _____

Other Emergency Contact:

Name _____

Cell _____

Health Insurer: _____

Doctor: Name _____

Cell _____

Health Information (allergies, medications, etc.) _____
