

Evangelical Free Church of Diamond Bar

Parent Permission Release Form

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|---|-------------------------------|----------------|---|--|--|
| Current Grade: 7 8 9 10 11 12 | | | Year of High School Graduation: 9 10 11 12 13 14 | | |
| Gender: Male / Female (circle one) | | | Date of Birth: Month Day Year | | |
| Name: | Last: | First: | | | |
| Address: | Street: | City: | | | |
| | Zip: | | | | |
| Email: | (Please Print Clearly) | | | | |
| Phone: | Home: | Cell: | | | |
| Parent Info: | Father's Name: | Work #: | | | |
| | Mother's Name: | Work #: | | | |

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| <u>Emergency Contact</u> | | <u>Relationship to Student:</u> |
| Name #1: | Phone #: () | |
| Name #2: | Phone #: () | |
| Family Doctor: | Phone #: () | |
| Insurance Co. Name: | If none, please check here: <input type="checkbox"/> | |
| 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 Lens: Yes / No |

Authorization of consent to treatment of a minor:
 I(We) the undersigned parent(s) of _____ (child's name), a minor, do hereby authorize the Evangelical Free Church of Diamond Bar's 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/her 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 1, 2008 –MAY 31, 2009.**

Release of the Evangelical Free Church of Diamond Bar:
 _____ (Parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Evangelical Free of Diamond Bar, its agents, servants, employees, officers, and directors from any and all costs and expenses; including and not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the Evangelical Free Church of Diamond Bar, 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 the Evangelical Free Church of Diamond Bar, 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 the Church related publications, included the Church website. **Parents for Children:** Participation in church related event/s, 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 website.
 *Parents are responsible for submitting new release forms when personal information changes.

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| Parent/Guardian Signature: Please use BLACK INK for all signatures | Date: |
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