

Release Form

SAFARI VBS

Christian Church of Thousand Oaks

***PLEASE BRING TO YOUR CREW LEADER



Child's Name (One Form Per Child): _____

Allergies or Medical Concerns? _____

Parent/Guardian Name(s): _____

What is the best number to contact you at?: _____

Emergency Contact Name: _____ Phone #: _____

Who can pick up your children? _____

Release Form:

I (We), the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, staff and emergency room staff licensed under the provisions of the Medicine Act or dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 render care to which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. In consideration of the benefits to be derived from the aforesaid outing, I (we) hereby voluntarily waive any claim against Christian Church of Thousand Oaks.

Video and Photo Release: I understand photographs may be taken of my child and a video may be produced and used for future publicity.

Child's _____ Name: _____

Parent Name (First and Last, please print) _____

Parent or Guardian Signature: _____ Date: _____ / _____

Doctor's Name and Phone number: _____

Health Insurance Provider: _____