

Trabuco Presbyterian
Church Medical and Photo
Release

I give my child, _____ permission to participate in the ALL TPC OFF-SITE EVENTS, being sponsored by Trabuco Presbyterian Church on the following date(s): From June 1st, 2010 to June 1st, 2011. In the event that he or she is injured while participating, I do hereby authorize and consent to ANY x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of ANY licensed medical staff member under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority and power to render care, which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that effort will be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. I understand the nature of this event to hereby release Trabuco Presbyterian Church, its staff and representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

List any restrictions: _____

Date Signature of Parent or Legal Guardian

Address City State Zip

Email address: _____

This consent shall be effective from June 1st, 2010 until June 1st, 2011.

Allergies: _____

If your child has a special medical/emotional challenge, please explain below:

Phone where parent may be reached during events:

Name: _____ Ph: _____

Other: _____ Ph: _____

Physician: _____ Ph: _____

Insurance: _____ Ph: _____

Photo Release: We take pictures at many of our events that may appear on our website or promotional publications. Do you give TPC permission to publish these pictures? (circle one) Y N

Signature or Parent or Legal Guardian