



# PARENT PERMISSION RELEASE FORM

|   |               |  |         |      |  |
|---|---------------|--|---------|------|--|
| <b>Current Grade:</b> 6 7 8 9 10 11 12    |               | <b>Year of High School Graduation:</b> 18 19 20 21 22 23 24 25 |         |      |  |
| <b>Gender:</b> Male / Female (circle one) |               | <b>Date of Birth:</b>  |         |      |  |
| <b>Name</b>                               | Last:         |  | First:  |      |  |
| <b>Address</b>                            | Street:       |  | City:   | Zip: |  |
| <b>Parent Info</b>                        | Email:        |  |         |      |  |
| <b>Phone</b>                              | Home:         |  | Work:   |      |  |
|   | Father's Name |  | Cell #: |      |  |
|   | Mother's Name |  | Cell #: |      |  |

|   |        |  |
|---|--------|--|
| <b>Emergency Contact</b>  |        | <b>Relationship to Student</b>                       |
| Name #1:  | Phone: |  |
| Name #2:  | Phone: |  |
| <b>Family Doctor:</b>   |        | <b>Phone:</b>  |
| <b>Name of Insurance Co:</b>                                    |        | If none, please check here: <input type="checkbox"/> |
| <b>Insurance Policy/Group #:</b>                                |        |  |
| <b>Known Medical Conditions:</b>                                |        |  |
| <b>Allergies:</b>   |        |  |
| <b>Medications:</b>   |        |  |
| <b>Last Date of Tetanus Immunization:</b>                       |        |  |
| <b>WILL YOU ALLOW BLOOD TRANSFUSIONS?</b> (circle one) Yes / No |        | <b>Contact Lens:</b> 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 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 that 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 that 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 2018 to May 31, 2019.**

**Release of Evangelical Free Church Diamond Bar**  
 \_\_\_\_\_ (Parent's Name) shall indemnify, hold free and harmless, assume liability for, and defend Evangelical Free Church Diamond Bar, its agents, servants, employees, officers, and directors from any and all cost and expenses; including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Evangelical Free Church Diamond Bar, assertion of liability, or any claim found thereon, arising or alleged to have risen out of \_\_\_\_\_ (Child's Name) use of real property or personal property belonging to Evangelical Free Church 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 and activity/ies described herein also constitutes approval to be photographed and to have those photographs placed in Church related publications, including Church website and social media sites. **Parents for Children:** Participation in Church related event/s and activity/ies constitutes approval by you the parents for your children to possibly be photographed and to have those photographs placed in Church publications, including the Church website and social media sites.

|  |              |
|--|--------------|
| <b>Parent/Guardian Signature:</b><br>Please use BLACK INK for all signatures | <b>DATE:</b> |
|--|--------------|