

HOW GREAT THOU ART DAY CAMP

I give permission for my child:

NAME

DOB

to participate in THE HOW GREAT THOU ART DAY CAMP at MORGAN HILL PRESBYTERIAN CHURCH. This document must be on file in order for your child to participate in the camp.

IMAGE RELEASE

I give permission to Morgan Hill Presbyterian Church (MHPC), its employees or representatives, to take and use photographs, video tapes, audio recordings, or quoted remarks, in printed and/or electronic publications. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s) although it is not the practice of MHPC to identify children by name.

PARENT/GUARDIAN SIGNATURE

DATE

MEDICAL RELEASE

In addition to the forgoing authorization and in consideration of the benefits to be derived from participation in THE HOW GREAT THOU ART DAY CAMP, I/we waive on our behalf and on behalf of the aforementioned minor, all the claims for ordinary negligence which I/we may hereafter have on our behalf and on behalf of the aforementioned minor against Morgan Hill Presbyterian Church arising from participation in THE HOW GREAT THOU ART DAY CAMP during the year for which this authorization and waiver has been given. The waiver is given pursuant to Section 1668 of the California Civil Code.

PARENT/GUARDIAN SIGNATURE

DATE

MEDICAL INFORMATION:

PRIMARY CARE PHYSICIAN

PHONE

PRIMARY INSURANCE

POLICY NUMBER

ALLERGIES OR OTHER SPECIAL CONCERNS

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

PARENT/GUARDIAN SIGNATURE

DATE