

# MEDICAL RELEASE

I give my child permission to take part in the **Jr. High Retreat, October 5-7, 2007 at El Camino Pines**. 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 provisions of the Medicine Practice Act. I do hereby also authorize and consent to the distribution of over-the-counter medications such as Tylenol, Imodium, or other topical medications when deemed appropriate by the adult staff on this mission trip.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but us 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 shall 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 and do hereby release Christ Lutheran Church, or any of its representatives, from any liability for accidents or injury sustained by my child in conjunction with this event. I also hereby release any physician, hospital or other medical center for rendering any aforementioned services.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PERSONAL INFORMATION

Student's Full Name \_\_\_\_\_

Phone \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## IN CASE OF EMERGENCY NOTIFY

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are there any special physical problems of which we should be aware (allergies, etc.)?

Explain:

\_\_\_\_\_  
List medications that you are taking on a regular basis and amounts:

\_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_