

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT/
CONSENT TO MEDICAL TREATMENT**

I, _____ (please print name) the undersigned parent or guardian of _____ (please print campers name) do hereby authorize the Tulare and/or College Churches of Christ, as the organization/s to whom my child is entrusted, TO CONSENT TO any x-ray examination, anesthetic, medical, surgical treatment and/or hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the State of California. IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND that in the situation where the above named minor requires immediate medical attention or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate risks attendant upon each, and the risks attendant to foregoing all treatment. In such situations, I authorize a physician or surgeon to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternative and to render such care and perform such treatment as s/he, in his/her professional judgment, determines to be necessary for the health or safety of the above named minor. Additionally, I understand that the church or the people attending are not medically, financially or in any other way liable. I VOLUNTARILY ASSUME FULL RESPONSIBILITY for any risk of loss, or damage to property or personal injury that may be sustained by me/my child, or any loss or damage owned by me/my child, as a result of being engaged in the camp's activities, whether caused by negligence of release or otherwise. I further agree to indemnify and hold harmless the release from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to me/my child's participation in the camp, whether caused by negligence of release or otherwise.

Signature of parent/legal guardian

Date

Address, City, State and Zip

Home phone with area code

Cell phone with area code

Optional Emergency Names and phone numbers

TREATMENT INFORMATION FOR MINOR

Doctors Name and Phone #: _____

Allergies: _____

Medicine Currently Taking: _____

All medications must be turned in to the Camp Nurse during registration and must be clearly labeled with the camper's name.

Medicine normally given for:

* Headache/Fever: _____

* Upset Stomach: _____

* Sore Throat/Cough: _____

Date of Last Tetanus Shot: _____

Comments/Other information: _____

Medical Insurance Carrier and Policy #: _____

NOTE: Please include a copy of insurance card with this form.

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