

the CRAVE

the ventura vineyard high school ministry

Activity & Transportation Consent/Release of Liability/Medical Treatment Permission

Name of Minor Child _____

Name(s) of Parent(s) or Legal Guardians _____

Home Address _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____ (_____) _____ - _____

Cell Phone (_____) _____ - _____ (_____) _____ - _____

In case of illness, accident or other emergency, I (We), the undersigned Parent(s) or Legal Guardian(s) of the above listed minor, do hereby authorize a representative of the Ventura Vineyard to call following people in the event I (we) are not available to authorize medical treatment. The following people are entrusted by us to make decisions regarding the medical care for the above listed minor. (Note: Please list at least one local person who can usually be reached at the number listed.)

1. Name: _____ Home# (_____) _____ - _____ Work/Cell#(_____) _____ - _____

2. Name: _____ Home#(_____) _____ - _____ Work/Cell#(_____) _____ - _____

3. Representative of the Ventura Vineyard

In the event of illness, accident or other emergency, permission is to call the Emergency Medical Services or any local physician. I (We), the undersigned Parent(s) or Legal Guardians(s) of the above listed minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the provision of the Medical Practice Act by a physician on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent of any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provision of section 25.8 of the Civil Code of the State of California.

~ Please complete both sides of this form~

I understand the nature of this event and do hereby release the Ventura Vineyard, its staff and representative from any liability for accidents or injury sustained by my child in conjunction with this event or any transportation to and from the event.

Permission is granted for the above listed minor to be transported to the event by a representative of the Ventura Vineyard. (Please initial selection)

_____ Yes

_____ No

Family Physician: _____

Phone#: (_____) _____ - _____

Please indicate any health problems of which the Ventura Vineyard should be aware:

Special medications: _____

Allergies to drugs or foods: _____

Health Insurance Company _____

Policy #: _____

Father or Legal Guardian Signature: _____

Date: ____/____/____

Mother or Legal Guardian Signature: _____

Date: ____/____/____

~ Please complete both sides of this form~