

Please Print & Fill in all lines.

Permission/Medical Release Form
Parent/Guardian Must Sign

Agent:
Visalia Evangelical Free Church
1317 W. Main St
Visalia, CA 93291

Name: _____ Male _____ Female _____ Age: _____

Address: _____ City _____ Zip _____

Home Phone Number: _____ Date of Birth: _____ Grade _____

Mother: _____ Father: _____

Household Email: _____ Cell _____ Father/ Mother
Please circle one

Emergency Contact (not parent or guardian) _____ Relationship to child _____

Home Phone: _____ Cell Phone: _____

Allergies or other medical conditions: _____
Please fill in this line. If it does not apply print NONE

Home Church _____ Attend (circle one): 1 2-3 3-4 weeks per month

I (we) give permission for my son/daughter to attend and participate in this Adventure Club.

1. Pursuant to the provisions of Section 6.910 of the Family Code of California, I, the undersigned, legal guardian of _____, a minor, do hereby authorize, as agent(s), the consent to any diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, or by a dentist licensed under the provision of the California Dental Practice Act. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide authority to give care which a physician may, in the exercise of his/her best judgment, deem advisable.
2. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.
3. I hereby release Visalia Evangelical Free Church of Visalia and any other parties from liability in case of accident.
4. I hereby request the above named agent to carry out discipline deemed necessary for my child. I also agree to pay expenses of my child's trip home because of any disciplinary action.
6. These authorizations shall remain effective for one club year.

Printed Name: _____

Signature _____ Date _____

Circle One: Parent Legal Guardian Person Having Legal Custody



Clubber Injuries

I understand that the Visalia Evangelical Free Church does not carry medical or dental insurance for children injured on the church premises.

Parent/Legal Guardian Signature _____ Date _____

Photographing of Clubbers

There may be occasions when clubbers will be photographed or videotaped by parents or club personnel while they are participating in club activities. These pictures and videos may be used for the purpose of event promotions in flyers, brochures and on the Church's web site. Children's names will not be listed.

Please indicate your wishes by signing on the appropriate line.

I give consent _____ or **I do not give consent** _____
(Signature) (Signature)

Transportation

The Visalia Evangelical Free Church is prohibited by law to transport a child without written permission from his/her parent or guardian. The activities of Adventure Clubbers where transportation may be required would be: special trips or gatherings (ie: swim parties, ball games, etc.), Sunday AM church & other church activities. In order to comply with the law, would you please complete the information below?

Please indicate your intentions regarding the transportation of your clubber.

I give consent _____ or **I do not give consent** _____
(Signature) (Signature)

for my son/daughter to be transported by a representative of the Visalia Evangelical Free Church Adventure Club to various activities that are a part of this Adventure Club for this club year.

I understand that with Covid19, VEFC will do whatever is reasonably possible to provide for a safe and clean environment through social distancing, hand washing, and sanitization, however, I acknowledge that VEFC cannot guarantee a Covid virus-free environment for my child. I, as their parent, am responsible for not allowing my child to attend club knowing my child might be sick.

Parent/Legal Guardian Signature _____ Date _____