

BACK TO SCHOOL BEACH BASH

AUGUST 21st, 2010

MEDICAL RELEASE/PERMISSION SLIP

I/We the undersigned parent(s) or legal guardian(s) of the minor listed below:

First: _____ MI: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: (_____) _____ E-Mail: _____

Age: _____ D.O.B. (day/month/year): ____/____/____ Grade: _____

School: _____

do hereby authorize any necessary examination, anesthetic, dental or surgical diagnosis or treatment by a duly licensed physician or dentist, or at a hospital licensed by the State of California.

(signature of parent/guardian) (date) (relationship)

Home Phone: (_____) _____ Mobile Phone:(_____) _____

Work Phone: (_____) _____ Work Phone 2: (_____) _____

Person(s) to be reached if parent/guardian cannot be contacted:

Name: _____ Phone: (_____) _____ Relationship: _____

Name: _____ Phone: (_____) _____ Relationship: _____

Please list any allergies: _____

Please list any medications and information regarding those prescriptions: _____

RELEASE OF LIABILITY

I/We, the undersigned parent(s)/legal guardian(s) of _____, do hereby release and agree to hold harmless New Harbor Community Church and any related member, employee, sponsor or agent from any liability, injury, damages, loss, accidents, delay, or irregularity related to the listed minor's planned participation in New Harbor Community Church sponsored events occurring ON AUGUST 21st, 2010. This release covers all rights and actions of every kind, nature, and description, which the minor and his/her parent(s)/legal guardian(s) ever had, now has, or but for the release, may have.

(signature of parent/guardian) (date) (relationship)