

**Special Event Permission**

**St Francis Episcopal Church Youth Ministries**

Special Event  Trip to Redondo Beach and El Burrito Jr  Today's Date  July 25, 2015

My child, \_\_\_\_\_ has my permission to go with the St Francis Youth Ministries on the above-mentioned outing. He/She may ride with one of the Youth Leaders. In case of emergency I can be reached at

Parent/Guardian #1 (home/cell) \_\_\_\_\_

Parent/Guardian #2 (home/cell) \_\_\_\_\_

**Medical Release and Authorization:** In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached during any medical emergency, or following a traumatic accident, I hereby give permission to the licensed physician selected by church leaders (or their agents) to act on my behalf by securing proper treatment, including, but not limited to, x-ray examinations, medical or surgical diagnosis, hospitalization, anesthesia, surgery, or injections of medication for my child. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but it is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I also request and authorize the release of all medical records. Such medical records include x-rays, notes, prescriptions and all information pertaining to the treatment of my child while under the care of St Francis Episcopal Church.

In accordance with the permission I am granting, I hereby agree to indemnify and hold St Francis Church, Palos Verdes Estates, Ca, its employees and agents harmless from any and all liability as a result of being injured while participating in said activity. I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and participation in any St Francis activities. I hereby expressly release, discharge and hold harmless from any liability whatsoever St Francis Church, all employees, volunteers and agents in their capacities as representatives of St Francis Church. I certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heirs, administrators, executors, and assignees.

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_