



THE GARDEN FELLOWSHIP

PERMISSION SLIP/LIABILITY RELEASE

I, the undersigned, request that my child, _____, who is in the ____ grade, be permitted to participate in the following:

Event: High School Summer Camp

Date: July 30, 2023 - August 3, 2023

Location: Idyllwild Pines - 26375 CA-243, Idyllwild-Pine Cove, CA 92549

Minor Insurance Carrier: _____ Policy #: _____

I hereby wave all claims, which I might have against The Garden Fellowship, their agents and employees, for injury, accident, illness or death occurring during or by reason of the above activity. I also understand that The Garden Fellowship church is not responsible for any lost or stolen items.

The person to contact in the case of an emergency is:

Name: _____ Phone Number: _____

Signature of parent/guardian

Date

AUTHORIZATION TO CONSENT TREATMENT

(I) (we) (parents) (guardian) of the child named above do hereby authorize The Garden Fellowship as agents for the undersigned to 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 general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed 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 of hospital care required, but is given in advance to provide authority and power on the part of the afore said agents to give specific consent to any such diagnosis, treatment or hospital care which the afore said physician in the exercise of his best judgement may deem advisable.

Signature of parent/guardian

Date

Does your child have any allergies? Yes No

List allergy/allergies: _____

What is their reaction? _____

Does you child take any medication? Yes No

List medications and dosage: _____

Reason for medication: _____