

ORCHARD COMMUNITY CHURCH
PARENT/GUARDIAN PERMISSION SLIP
MIDDLE SCHOOL SUMMER CAMP

July 9-13, 2018

Cost: \$350

As Parent/Guardian of _____, I hereby give permission for my child to participate in the **Middle School Summer Camp to Camp Pondo** excursion. This excursion is to be held from **July 9-13, 2018**. I certify that to the best of my knowledge the above named child is physically fit to engage in the activity described above. If there is a special medical problem(s) (e.g. diabetes, asthma, allergies), please list here:

SIGNATURE OF PARENT/GUARDIAN: _____

Authorization and Consent to Treatment of Minor

Pursuant to California Civil Code Section 25.8

The undersigned do hereby authorize ORCHARD YOUTH LEADERS or such substitute as designated by ORCHARD COMMUNITY CHURCH as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

Medical Insurance Carrier: _____ **Policy #:** _____

I hereby release and discharge ORCHARD COMMUNITY CHURCH, its officers, employees, agents and servants from all actions, claims, or demands that I, my heirs, distributees or assigns may have for the injury to person or property arising out of or in connection with the above field trip/excursion.

I have read this agreement carefully and fully understand its contents and agree thereto.

Signature of Parent/Guardian: _____ **Date:** _____

Address: _____ **Phone:** _____

Email: _____

Emergency Contact (other than parent): _____

Relationship to child: _____ **Phone:** _____