

Canyon Branch Summer 2019 Emergency Release Field Trip Card
AWG FISHING TRIP

Child's Last Name

Child's First Name

____-____-____
D.O.B

Parent Phone

Parent e-mail 1

Parent e-mail 2

The Boys & Girls Club of Laguna Beach has my permission to release my child to the following individual (s) or to the proper medical personnel, if an emergency (medical or other) renders me incapable of caring for my child.

Name / Relationship / Telephone Number _____ / _____ / _____

Severe Allergies: specify if any _____ Medications: _____

Emergency Release / Authorization to Treat

If, in the judgment of the staff of the Boys & Girls Club of Laguna Beach, the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Boys & Girls Club of Laguna Beach (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

Parent Signature

(Printed) Parent Name

Date

Please check box to the left for trip attending

<input type="checkbox"/>	MONDAY JULY 29th	10:00-6:00
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