

PERMISSION FORM: THE FUSE / FLIPSIDE

Student Name: _____

Event: _____

Phone #: _____ DOB: _____

Address: _____

Healthcard #: _____

Allergies, Medications, Medical Concerns?

Does your child carry any life saving medication with them such as an Epipen? Y N

If you answered "Yes" above:

What type of medication does your child carry with them? _____

Do you give permission for a trained staff member or volunteers to administer this medication? _____

Consent to Attend / Medical Release

By signing this release you acknowledge that you understand there are inherent risks involved in an offsite retreat, and thereby release Glad Tidings Burlington, it's staff and volunteer workers from any and all liability for any injury, losses or damage to person or property that may occur during the course of your child's involvement, including transportation to and from the event. If at any time medical treatment is required by a licensed physician/hospital personnel due to accident, sudden illness or injury, you authorize that it may be given. In consenting to medical care by a licensed physician/hospital personnel, you agree that Glad Tidings Burlington, it's staff and volunteer workers will be held free and harmless of any claims, demands or suits for damages arising from the giving of such consent.

I have read the Consent to Attend / Medical Release waiver. As the legal guardian of the student named on this form, I grant permission for my child to participate.

Parent/Guardian Name: _____

Signature: _____

Date: _____