

**Willowdale Chapel Middle School
PARENTAL PERMISSION AND MEDICAL CONSENT**

Student's Name _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Home Phone _____

The undersigned being the lawful parent(s) and/or guardian(s) of the above child), hereby consents to the participation by the Child in the following activities conducted by Willowdale Chapel High School and to the participation of the Child in all events relating to the activity: **Dorney Park Trip – August 20, 2018**

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures.

I hereby waive and release Willowdale Chapel and all individuals, staff members or volunteers working in connection with the above mentioned activities from any and all possible claims for injury to person or property which might arise in connection with my Child's participation in these activities.

If there is no medical emergency, the Organizer will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signature of Parent/Guardian _____ Date _____

Email *(please print clearly)* _____

Parent/Guardian name(s) *please print* _____

Home Phone _____ (Father) _____ (Mother)

Cell Phone _____ (Father) _____ (Mother)

Alternate Contact Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

Does your child have any medical conditions that we need to be aware of? _____

Health Insurance Company _____

Group or Policy Number _____ Phone _____

Child's Physician _____ Phone _____