



## Parental Permission / Medical Form (One form per participant)

**PLEASE PRINT:**

1. I am the parent / guardian of \_\_\_\_\_ Age(s) \_\_\_\_\_, who has my permission to participate in Native American Summer Camp at San Clemente State Beach during the week of June 19th to June 23rd, 2017.
2. I have listed my child's allergies and medical conditions or restrictions on this form, including the name and phone number of my child's physician.
3. In the event my child becomes ill or injured and requires immediate medical attention, I hereby authorize Journeys to the Past and its employees to consent on my behalf to any x-rays, examinations, anesthetic, medical, or surgical procedure, treatment or hospital care, which is deemed advisable by and is to be rendered under the supervision of any physician or surgeon licensed under the provisions of California state law and on the medical staff or a licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.
4. I understand and agree that this consent to treatment in advance following the provisions of California Civil Code 25.8 does not relieve parent / guardian for all financial responsibilities for such treatment.
5. I further agree that I release and discharge Journeys to the Past and its employees from all liability whatsoever arising out of this activity.
6. I have read and understand the provisions and legal significance of this form and I voluntarily waive any rights, claim, or actions regarding personal injury, losses or damage.

**READ CAREFULLY BEFORE SIGNING:**

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Photographs may be taken for publicity purposes: Journeys to the Past has permission to use these photographs.

I give permission

I do not give permission

**Does your child have any medical conditions (such as diabetes, asthma, allergies, etc.) of which we need to be aware of?  
If so please list.**

Names of people authorized to pick up your child. People that are not listed, will not be allowed to remove the child from Crystal Cove.