



Celebration Learning Center

CLC School-Age Program

1135 Bluebell Drive * Livermore, CA 94551 * Phone 925.245.1252

2019-2020 Parent Permission and Release Form

I, the undersigned parent/guardian of _____, give my permission for him/her to participate in any and all activities sponsored by CLC. I understand staff personnel of the church and CLC or other qualified, responsible persons will supervise all activities sponsored by the church/CLC. I understand these activities may involve transportation in church owned vehicles, vehicles owned and operated by other individuals, or vehicles rented or leased by the church for subject activities, as well as transportation by foot. Furthermore, I give my permission for CLC to transport my child to/from school in the same manner as listed above.

I understand Celebration Church provides liability insurance coverage for all CLC sponsored activities. Celebration Church medical coverage is secondary to my own insurance coverage, which is agreed as primary.

In the event of special situations which may arise out of disciplinary action, medical needs, or other personally related circumstances which require or result in special transportation, communication, handling or liability expenses, I agree to assume full financial responsibility for all such related costs.

I hereby release Celebration Church of all liability in the event of injury or bodily harm and for damage or loss of personal goods and belongings.

I hereby authorize the church representatives in charge of the activity to take the above named youth to a doctor or hospital for treatment in case of an emergency. It is understood I can expect communication from church representatives as soon as possible in such emergency situations.

As a matter of mutual convenience, it is agreed this permission and release extends from **January 1, 2019 through August 31, 2020**. As legal guardian, I take responsibility to stay informed of the events my child will be attending with Celebration Church during the period of **January 1, 2019 and August 31, 2020**. This permission and release may be revoked, in writing, at any time during this period.

Signature

Date

Telephone Number (home and emergency)

To The Medical Provider

I/We hereby authorize you to provide emergency medical treatment to our minor child, _____. I understand that the representative of Celebration Church in charge of my child will contact me as soon as possible in an emergency.

Signature

Date

Please Provide Insurance Information

Insurance Company

Policy Number

Insurance Co. Address

Insurance Co. Phone Number

IMPORTANT: Please list any drug related allergies, other allergies or particulars which should be known in a medical emergency, and any other physical conditions about which the representatives of Celebration Church should be aware to insure proper care and supervision. **PLEASE WRITE "NONE" IF NONE APPLY.**

