

# Transportation Release Form

## McGregor Baptist Church Permission Slip & Medical Release Form

The undersigned does hereby give permission for my child, \_\_\_\_\_, to attend Camp KidJam at Southeastern University in Lakeland, FL beginning June 20, 2019 at 10:00 AM and terminating on June 23, 2019 at 12:30 PM. I understand if I do not participate in camp, I must pick up my child promptly at 12:30 PM on June 23, 2019.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical surgical or dental diagnosis or treatment, any hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) do herewith authorize the treatment by this authority and is granted only after a reasonable effort has been made to reach us the parent(s) and/or guardian(s). We (I) the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation responsibilities.

This consent and release will be in effect starting at drop-off on June 20, 2019 at 10:00 AM, and continuing until pick-up at 12:30 PM on June 23, 2019. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ to be billed for any and all medical fees and services should they be needed. I (we) hereby release McGregor Baptist Church and Southeastern University from this liability.

The undersigned does hereby release and agrees to hold harmless McGregor Baptist Church and their employees, agents, and representatives for any and all liabilities or claims for personal injury, illness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) child that occur within the effective dates stated above and/or while said child is participating in the above-named outing or activity.

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ (Parent or Guardian) Witness: \_\_\_\_\_

Signed This Date: \_\_\_\_\_

Address of Camper: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List any specific medical allergies, chronic illnesses, or other conditions:

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Names of 3 persons and phone #'s to contact in case of emergency during this week: \_\_\_\_\_

\_\_\_\_\_