



MEDICAL INFORMATION & TREATMENT AUTHORIZATION

I hereby request and authorize TheChurchOfCorinth to administer first aid and/or secure paramedical services and/or emergency medical treatment for my child, _____.

This emergency treatment authorization is valid for the period of June 21, 2010 to August 13, 2010. I further understand that TheChurchOfCorinth is not liable for any costs associated with medical treatment and/or medical services contracted on behalf of my child. I am fully informed and aware that I am solely liable for any and all expenses incurred on behalf of my child.

Medical condition(s): _____

Medicine allergies/allergies: _____

Primary Physician: _____

Address: _____ Phone: _____

Insurance Carrier: _____ Policy/Group# _____

Name of Insured: _____ SS # _____

Medicaid Number: _____

Preferred Hospital (in non-life-threatening situations it MAY be possible to direct the ambulance to a hospital designated by you) _____

I further do hereby expressly RELEASE, DISCHARGE AND HOLD HARMLESS TheChurchofCorinth, their employees, agents, successors, sponsors and volunteers from any and all damages, claims or liabilities of any kind, whatsoever, from any injury/death to my child/ward, arising or resulting from disbursement of medication as authorized by this release, INCLUDING BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE AND/OR GROSS NEGLIGENCE OF Kidscape, ITS DIRECTORS, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS.

Parent/Guardian Signature

Date