

**PERMISSION/MEDICAL RELEASE (TO BE COMPLETED BY PARENT OR GUARDIAN: FULL NAMES REQUIRED)**

\_\_\_\_\_ has my/our permission to attend the High Desert Emmaus West/Cornerstone Chrysalis program and all ensuing events. This permission will be valid for one year from the date signed unless otherwise revoked in writing. In the event of emergency, my authorization for emergency treatment is provided below:

I (WE) the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the State of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power to render care which the aforementioned Physician, in the exercise of his best judgement, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California. I (We) do forever release, acquit, discharge, and covenant to hold harmless the High Desert Emmaus West Cornerstone Chrysalis Community, their affiliated organizations, directors, staff, volunteers and guests from any and all actions, causes of action, claims, demands, costs, loss of services or income, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown personal injuries and property damage which may occur as a result of participation in this program and ensuing events. This consent shall remain in effect indefinitely unless otherwise specified.

**SIGNATURE OF PARENT(S) OR GUARDIAN(S):**

SIGNATURE	PRINT	RELATIONSHIP	DATE / /
SIGNATURE	PRINT	RELATIONSHIP	DATE / /

**EMERGENCY CONTACT (PARENT/LEGAL GUARDIAN CONTACT INFORMATION IS REQUIRED FOR MINORS)**

**In the case of a medical emergency, please contact:**

NAME	RELATIONSHIP	( ) PHONE
NAME	RELATIONSHIP	( ) PHONE

**ALLERGY/MEDICAL INFORMATION (IF NONE PLEASE WRITE: NONE)**

Please list all allergies (food, medicine or environmental) and dietary restrictions: \_\_\_\_\_

Please list all prescription medications and dosages you are currently using: \_\_\_\_\_

Please list any medical condition(s)/disease(s) for which you are being treated: \_\_\_\_\_

**PERMISSION FOR "OVER THE COUNTER" MEDICATIONS FOR MINORS**

\_\_\_\_\_ has my/our permission to take the following "over the counter" medication(s) while attending the High Desert Emmaus West Cornerstone Chrysalis program and its ensuing events. If checked the recommended dosage will be given according to the package directions.

- Tylenol (acetaminophen)     
  Advil or Motrin (Ibuprofen)

PARENT/LEGAL GUARDIAN SIGNATURE	RELATIONSHIP	DATE / /
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