

The following release must be filled out by a parent/guardian of all minors (anyone 17 years old or younger at the time of the event). Please sign and include all current and accurate medical and insurance information.

Medical & Emergency Release

I, _____ (parent/guardian name), am the parent &/or legal guardian of _____ (minor name), and by virtue of such relationship, so hereby give to the representatives of Central Ohio Work Camp the unqualified right and authority to take whatever reasonable action or procedures, including the execution of any documents or instruments, which may be required or necessary by emergency circumstances, to obtain medical, hospital or surgical care or treatment by a legally qualified physician or surgeon if such care or treatment is deemed necessary by the physician, or surgery for or on the behalf of _____ (minor name). This authority to act on my behalf shall not be affected by temporary or permanent disability, incompetency or incapacity. I understand that a representative of Central Ohio Work Camp will attempt to contact me before authorizing such medical treatment.

I do hereby release and discharge that Central Ohio Work Camp, the participating homeowners, volunteers and any additional agents, from any and all claims, demands and liabilities to me or my minor child, on account of any and all injuries or damages, whether direct or indirect occasioned by and through the exercise of authority granted in the foregoing paragraph.

I do further accept the financial responsibility for all medical attention which may be needed so long as this medical attention is prescribed by a legally licensed and qualified physician or surgeon. I will be responsible for filling any and all claims, if any, with my insurance company.

Media Release

(Initial preference below.)

____ I **DO** permit use of pictures and video of the aforementioned minor for purposes of publicity, fundraising &/or other formats deemed beneficial for the purpose of Central Ohio Work Camp in all forms of media.

____ I **DO NOT** permit use of pictures and video as stated above.

In witness thereof, I have hereunto set my hand this _____ day of _____, 20____.

_____ Signature of Parent/Legal Guardian of Minor

_____ Printed Name of Parent/Legal Guardian of Minor

Emergency Phone Number: _____ Emergency Phone Number:

Name of Insurance Carrier: _____ Policy Number:

Minor's Physician: _____ Phone:

Known Medical Conditions &/or allergies:

Currently prescribed medications:

List any other information we should know, including names of any non prescribed medications being used. Use the other side or attach a separate piece of paper if necessary.
