

# SHINE GIRLS Aug 2015-May 2016 Season Parental Consent and Release Form

Students Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

School & Current Grade \_\_\_\_\_

Students Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Alt Emergency Contact # \_\_\_\_\_ Name & Relationship \_\_\_\_\_

## PARENTAL CONSENT:

As a parent/guardian of \_\_\_\_\_ I hereby give my permission for my child or ward to attend and participate in the activities sponsored by Shine Girls, a ministry of Care Net Pregnancy Center of Indian River County. I do hereby hold harmless Shine Girls, its directors, Officers, Employees, Volunteers, or Agents of said organization, for any bodily injury, illness, or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I grant my authorization and consent for Shine Girls Leadership to administer general first aid treatment for any minor injuries or illnesses experienced by my student. If the injury or illness is life threatening or in need of emergency treatment, I authorize Shine Girl's Leadership to summon any and all professional emergency personnel to attend, transport, and treat my child or ward and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of Shine Girl's Leadership in the exercise of her best judgment upon the advice of any such medical or emergency personnel.

I give permission to Care Net and Shine Girls to contact said child for follow-up purposes.

In addition, I consent to Care Net and Shine Girls to use any video images, photographs, audio recordings or any other visual or audio reproduction that may be taken of said child or ward while participating in the Shine Girl activities to be used, distributed, or shown as Care Net and Shine Girls sees fit.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

# Parental Consent and Release Form

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**Allergies:** Please check and explain all that apply.

- Food \_\_\_\_\_
- Seasonal / Nature \_\_\_\_\_
- Other \_\_\_\_\_
- Does your child carry an epi-pen? (Circle) Yes or No

Please explain any physical limitations or chronic illnesses affecting your child of which Shine Girl's Staff should be aware:

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## Medications:

Is your child currently taking any prescription medications? (Circle) Yes or No

If yes, please list: \_\_\_\_\_

If your child needs to take any medication during any of our Shine Girl events, you understand that it is up to your child to self-administer said medication and release Care Net and Shine Girls of any liability for any injury resulting from self-administration. Initial \_\_\_\_\_

## Insurance Information:

Does your child have medical insurance? (Circle) Yes or No

Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_