

# The Salvation Army Permission/Waiver & Medical Release Form

**PLEASE PRINT**

Child's Name \_\_\_ Age \_ DOB\_\_\_\_\_\_\_\_\_Grade \_\_\_Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-shirt Size\_\_\_\_\_(Kid/ Adult)

**PLEASE PRINT**

Child's Name \_\_\_ Age \_ DOB\_\_\_\_\_\_\_\_\_Grade \_\_\_Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-shirt Size\_\_\_\_\_(Kid/ Adult)

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Child's Name \_\_\_ Age \_ DOB\_\_\_\_\_\_\_\_\_Grade \_\_\_Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-shirt Size\_\_\_\_\_(Kid/ Adult)

**PLEASE PRINT**

Child's Name \_\_\_ Age \_ DOB\_\_\_\_\_\_\_\_\_Grade \_\_\_Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-shirt Size\_\_\_\_\_(Kid/ Adult)

Parent(s)/Legal Guardian(s) of Child #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Legal Guardian(s) Email Address, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street) (City) (State) \_\_ (Zip Code) \_\_\_

Home Phone (\_\_\_) \_\_ Work Place(\_\_\_\_)

Emergency Contact Person, Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

Special medical needs or concerns **(allergies,** conditions, dietary needs, medications, etc.)

Please specify child:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Information**

Medical Insurance Company Policy# \_ Phone# Medical Doctor \_ Signed \_

Parent/Legal Guardian, Date \_

**Other information**

Please list any other information that you believe is necessary for The Salvation Army and its leadership in order to keep the child and all other participants in the program/activity safe from harm.

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**Functions and Activities**

I acknowledge that participating in the programs and recreational and other activities of The Salvation Army incurs certain risks associated with these activities, including by way of example, physical injury, illness, or even death due to transportation and activity-related accidents. I acknowledge that there may also be other risks in these activities that I am not presently aware.

**Release of Liability**

By Signing this Permission/Waiver/Medical Release Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of The Salvation Army Program/Activity that is attended {program/activity stated above.) Whether such risks are known to me at this time I further release The Salvation Army and its staff, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of the participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims of that members of the child's family or estate, heirs, representatives or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its volunteers, or agents from any and all claims arising from the participation in the programs/activities, or as a result of injury or illness of my child during such activities.

**Special Events and Trips**

I understand that the child(ren) named above will be attending: Vacation Bible School

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where that child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure medical attention or treatment named above or for me, if I am a participant, including hospitalization if in the agent's opinion such a need arises. In doing so I agree to pay all fee's and costs arising this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again: I agree to pay for the medical treatment.

PHOTO RELEASE

I hereby give The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits or pictures of my child, or in which they may be included in whole or part, composite or distorted in character or from in conjunction with fictitious names or reproductions thereof in color or otherwise, made through any media, for art, advertising copy that may be used in connection therewith, or the use which it may be applied.

**Please check here if you wish to decline, and do not sign below.**

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Statement**

I hereby agree to participation in the above stated programs and activities of The Salvation Army Program, I hereby consent to the Permission/Waiver Form, including the Release Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

***Signature of Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Print* Name *of Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Witness/Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Office Use Only

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_Staff Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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