

South Bay Community Church

47385 Warm Springs Blvd, Fremont, CA 94539
sobcc@sobcc.org www.sobcc.org

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of the South Bay Community Church and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against South Bay Community Church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.

Parent/Guardian signature: _____ Phone: (____) _____

Street: _____ City: _____ Zip: _____ email: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of South Bay Community Church. This permit is in effect until I give SOBCC written notice to the contrary.

Parent/Guardian signature: _____

EMERGENCY INFORMATION

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___no. If yes, explain:

Is he/she required to take any medication? ___yes ___no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? ___yes ___no. If yes, explain.

Is he/she presently under a doctor's care? ___yes ___no. If yes, explain.