

Permission to Participate in: Program Activities & Receive Emergency Medical Care

I hereby grant permission for my child,

Child's First and Last Name (Print)

to participate in all of the activities of the ZÓCALO OUTREACH Program. These may include, but not limited to: swimming, games, recreational sports, arts and crafts, hiking, community service projects and visits to off-site locations, traveling either on foot or in approved transportation with approved drivers and participating in activities applicable to the off-site locations.

I further grant permission for the Program Administrator to take whatever steps may be necessary to obtain emergency medical care for my child if deemed necessary. These steps may include, but are not limited to, the following:

- Having the child taken to the emergency room in the company of a staff member or having the appropriate emergency personnel respond to the incident.
- Attempts to contact mother, father or guardian.
- Attempts to contact the persons listed on the emergency form.

Any expense incurred will be the responsibility of the child's family. Where appropriate, a conscientious effort will be made to contact the parent/guardian before any action is taken. The program will not be responsible for anything that may happen as a result of false information given either verbally or on the Emergency form. It is the parent/guardian's responsibility to supply the program with correct and current information.

The parent/guardian agrees to hold harmless the ZÓCALO OUTREACH PROGRAM AT NEW LIFE IN CHRIST CHURCH and its employees from any claim or judgment that may arise by virtue of their child's activities or presence in the program.

Signature of Parent/Legal Guardian

Date

I grant permission for my child's picture to be used in publications related ZÓCALO Programs.

Signature of Parent/Legal Guardian

Date

