PARENT MEDICAL AUTHORIZATION FOR MINOR CHILDREN

To be signed by parent/guardian whose child is in the care of another adult.

I authorize my child/children,

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|  |  |  |
|  |  | 1. Child’s Name (PLEASE PRINT) |
|  |  |  |
|  |  | 2. Child’s Name (PLEASE PRINT |
| to be under the care of, | |  |
|  |  | (Name of adult(s) bringing a child not their own – PLEASE PRINT) |

during Peace Camp, June 22, 23 and 24, 2018.

I give permission for decisions to be made in my absence about the need for medical care. I give permission for my child to be treated by a physician or hospital in case of an emergency.

I understand and agree that the Modesto Peace/Life Center is not responsible for my child/children. I will not hold the Modesto Peace Life Center, its officers or leaders liable for medical aid rendered.

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|  | | |
| Name of Parent/Legal Guardian (PLEASE PRINT) | | |
|  |  |  |
| Signature of Parent/Legal Guardian |  | Date |

PARENT PHOTO/VIDEO AUTHORIZATION FOR MINOR CHILDREN

(to be signed if you wish to authorize)

I authorize the Modesto Peace/Life Center to **photograph** and/or videotape my child, and reproduce my child’s photographs and videotapes for publicity and/or educational/promotional purposes related to Peace Camp.

Name of Parent/Legal Guardian

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|  | | |
| Name of Parent/Legal Guardian (PLEASE PRINT) | | |
|  |  |  |
| Signature of Parent/Legal Guardian |  | Date |