

**Bread of Life Christian Children Center**

2780 Lomita Blvd., Torrance, CA 90505

Facility No.: 197408593

**Summer Day Camp 2019  
Field Trip Permission Form**

**Release of Liability**

I have been informed and understand that my child will be transported while participating in the field trips that are being sponsored by Bread of Life Church Summer Day Camp.

In return for the transportation service provided for my child by Bread of Life Church, I agree that my child and/or I, our assignees, heirs and legal representatives will not make any claim against and do hereby fully release Bread of Life Church, its affiliated organization, employees, church members, volunteers, coordinator or other person directing or participating in the program, from any and all claims for injury or damage that my child may sustain while being transported. I understand that this release applies to all claims that my child and/or I may have as a result of an injury my child sustains regardless of whether the injury is known or unknown, foreseen or unforeseen, or patent or latent.

I also understand and agree that Bread of Life Church only carries liability co-insurance and that if my child is injured while being transported and if such injury requires medical treatment, payment for such treatment will first be sought from my child's own medical insurance. If my child has no medical insurance or if his or her medical insurance does not cover all necessary medical costs, then coverage for such costs may be sought from Bread of Life Church insurance.

**Medical Authorization:** In the event I cannot be reached in an emergency, I give Bread of Life Church personnel permission to obtain medical services for my child and I give permission to the medical services provider selected by Bread of Life Church personnel to treat my child in the event my child is injured.

I have carefully read the information printed above and understand its meaning and content.

Authorization granted for services received between June 24 – August 23, 2019

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medication \_\_\_\_\_

Medical Insurance and policy number \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_