



## Bread of Life Christian Children's Center

2780 Lomita Blvd., Torrance, CA 90505 | 310.602.0185 | Fax: 310-325-7853 | <https://www.breadoflifechurch.org/bolccc>

### 2026 Summer Day Camp Release of Liability - Field Trip Authorization Form

#### Authorization

I, the undersigned parent/authorized representative of (child's name) \_\_\_\_\_, hereby give permission for my child to participate in field trips organized by BOLCCC. I authorize BOLCCC to transport my child via private school bus or BOLCCC vans to and from field trip locations.

I understand that all reasonable safety precautions will be taken during transportation and at the field trip site. I acknowledge that participation in field trips is a privilege and that my child is expected to follow all BOLCCC rules and staff instructions while on the trip.

I release BOLCCC and its staff from liability for any injuries or incidents that may occur during authorized field trips, except in cases of negligence.

#### 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.

#### Acknowledgement and Signature

I have carefully read the information printed above and understand its meaning and content Authorization granted for services received between **June 15, 2026 – August 14, 2026**

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

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

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

\_\_\_\_\_  
Parent/Authorized Representative Name

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Parent/Authorized Representative Signature

\_\_\_\_\_  
Date



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## 2026 Summer Day Camp Release of Liability - Authorizations and Permissions

### Consent for Emergency Medical Treatment

As the parent or authorized representative, I hereby give consent to Bread of Life Christian Children's Center to obtain all emergency and dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or Dentist (D.D.S.) for (child's name) \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

### Participation

\_\_\_\_\_ My child is able to fully participate in BOLCCC's Summer Day Camp Program as described in the program overview found online at <https://www.breadoflifechurch.org/bolccc/summer-day-camp/> and on Brightwheel.

\_\_\_\_\_ I agree to notify the BOLCCC Director or Supervisor of any physical, medical, emotional, and behavioral conditions and concerns of my child that require individual or specialized attention.

### Withdrawal

\_\_\_\_\_ Program reserves the right to remove my child from the program if they cannot provide adequate care and supervision or if my child is an endangerment to other children. My child has my permission to attend the bible-based services or activities during attendance.

### Media Release

Yes     No Advertising and Public Use

I authorize my child to be included in photographs, videos, or other media that may be used for advertising, marketing, or promotional purposes for BOLCCC Preschool. Any such material will be taken and managed under the supervision of Preschool staff and will reflect only the programs and activities of BOLCCC Preschool.

Yes     No Internal Use and Brightwheel Updates

I authorize my child to be included in photographs, videos, or other media for internal use within BOLCCC Preschool, including classroom documentation and Brightwheel updates that may appear on other students' feeds. These materials will not be used for external advertising or public promotion and will be administered under the supervision of Preschool staff.

### Signature

\_\_\_\_\_  
Name of Parent/Authorized Representative

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Parent/Authorized Representative

\_\_\_\_\_  
Date