

International Women's Day

Permission Form

Effective Date: March 17, 2018

YOUTH INFORMATION

Name _____ Grade ____ DOB _____ Gender _____

Nickname _____

Primary Address: _____

PARENT/ GUARDIAN INFORMATION

Name _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached

Name _____ # _____

Name _____ # _____

Name _____ # _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to attend and participate in any International Women's Day activities on Saturday, March 17, 2018.

LIABILITY RELEASE: In consideration of International Women's Day allowing the Participant to participate in activities. I, the undersigned, do hereby release, forever discharge and agree to hold harmless International Women's Day and GDG San Francisco, its volunteers (collectively herein the "IWD") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the IWD premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said IWD for any liability sustained by said IWD as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

The parent/guardian is agreeing that they will be in the facility, Galvanize, 44 Tehama St San Francisco, CA 94105, while the youth is participating in IWD - parent/guardian cannot drop off youth and leave the event.

Name of parent/guardian

Date

Signature of parent/guardian

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____ Nickname _____

Home Address _____ Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

MEDICATION:

List all medications the youth will take during the IWD event. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event.** Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

International Women's Day Photo Release Form for Children and Youth

I agree that International Women's Day may photograph and record my child/dependent's likeness¹ during activities. I grant the following rights to International Women's Day and GDG San Francisco: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the day. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the International Women's Day and GDG San Francisco website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge International Women's Day and GDG San Francisco from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, State, Zip

Parent/Guardian Email

Phone

¹