

Quiet Waters Srodowisko 2010 San Damiano Group Week Permission / Liability Release Form

Participant's name: _____

I, _____ (parent's name printed), give permission to the above named participant to attend the Quiet Waters Srodowisko week: 4 PM Sunday, **August 8** –Friday, **August 13, 2010** at 1:00 PM. If needed for health reasons, I give permission for my child to receive standard medical care by appropriate Health care personnel. I give permission to Quiet Waters and its agents to share and disclose medical information to those who are responsible for the treatment and care of my child. I release Quiet Waters and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all rules and regulations stated by Quiet Waters Srodowisko Staff. I understand Quiet Waters will not be liable if my child fails to cooperate with regulations and that any infraction of the rules may result in immediate dismissal from the Srodowisko at my expense.

X _____
Signature of Parent/Guardian Date

Medical Information

Family Physician: _____ Phone: _____

Practice Name/ Address: _____

Allergies: _____

Current Medications: _____

Restrictions for over the counter meds if needed (ie. Headaches) _____

Medical History: _____

Insurance Carrier: _____ Policy # _____

In case of Emergency Please contact:

Name: _____ Home: (____) _____

Address: _____ Cell: (____) _____

_____ Work: (____) _____