Life House Event Waiver

Event name _____
_

Leave/Return: **Meet** @ SFC Life House (formerly Richard's Hall)
Return to the SFC Life House

Coordinator: Jason Roeder; 867-1000, Ext.235
(and Melinda; 867-1000, Ext. 237)

Items to Bring: YOU, a great attitude, and this permission slip!

Every student must have A MEDICAL INFORMATION SHEET FILLED OUTAND KEPT ON FILE IN THE YOUTH OFFICE **BEFORE** ATTENDANCE AT ANY SFC OFF-SITE YOUTH ACTIVITY!

(You may keep the upper half of this permission slip for your information)

Please tear off the lower half and bring it to our Student Ministries Office
20390 Park Place – Saratoga, CA 95070

Event Name_____

I/We, the undersigned, parent(s) of:_____,
a minor, do hereby authorize **Saratoga Federated Church (Jason Roeder as their representative**) as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

I assume the risk and financial responsibility for any injury or liability resulting from my son/daughter's participation in the before mentioned outing, unless sooner revoked in writing and delivered to Saratoga Federated Church.

Date: _____ Parent Signature:_____

Cell Phone: _____ Home Phone:_____

Comments: