



Placer County, Department of Health and Human Services
Minor Release & Emergency Form (2pages)

I/we hereby give permission for our daughter/son/ward _____
(participan) to participate in the 2019 Raising Placer Summer Leadership Retreat at 5190 Front Street Rocklin on Thursday, July 18th from 9am - 3pm., along with adult staff from the Raising Placer collaborative which includes Placer County, Department of Health and Human Services, Public Health, but unaccompanied by either parent/guardian. I understand that this event is not a County of Placer sponsored event but a Raising Placer collaborative event.

In the event of an emergency, if I am unable to, I/we hereby authorize the adult staff to seek and/or provide whatever medical or dental care is recommended by a physician or dentist, including surgery and the administration of anesthetic. I also authorize the adult staff to receive necessary medical or dental information of the participant to make an emergency decision. Placer County adult staff and Raising Placer partners will use best efforts to contact responsible parent or guardian before authorizing emergency medical or dental treatment.

Medicines or anesthetics to which the participant is allergic to:

EMERGENCY CONTACT, ADDRESSES AND PHONE NUMBERS. These people will be contacted in the event of an emergency.

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME/EVENING PHONE () _____ () _____

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME/EVENING PHONE () _____ () _____

INSURANCE INFORMATION

Carrier or Plan Name: _____ Group #: _____

Carrier's Phone Number: _____

Name of Insured: _____ Relationship: _____

Policy Holder's Insurance ID #: _____



In consideration for this agreement to include participant in the above-referenced event, I hereby release the County of Placer, Raising Placer, the Placer County Youth Commission, its agents, employees, volunteers, representatives and contractors, including but not limited to adult staff and any other representative (hereinafter jointly referred to as "Releases"), from any and all losses, claims, liens, demands, and causes of action of every kind and character arising from the Release's actions related to this event. I hereby agree that I will not make a claim against, or sue the Releases for injuries or damages resulting from the event.

I HEREBY CERTIFY THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I FURTHER VERIFY THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS AGREEMENT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name of PARENT/GUARDIAN

Signature of PARENT/GUARDIAN

Date