

PARENT PERMISSION AND RELEASE OF LIABILITY

Child Name: _____ Date of Birth: _____

Social Security #: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parental Consent:

(I) (We), the undersigned, parent(s) of _____, a
minor, do hereby consent to said Minor participating in
_____ (explain activity) conducted by:

Authorization of Consent to Treatment of Minor:

(I) (We), the undersigned, parent(s) of _____, a
minor, do hereby authorize _____, hereinafter "Agent",
for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or
surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be
rendered under the general or specific supervision of any physician and surgeon licensed under
the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the
office of said physician or at a hospital, during all times that the Minor is in the presence of said
Agent.

It is understood that this authorization is given in advance of any specific diagnosis,
treatment, or hospital care being required, but is given to provide authority and power on the
part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or
hospital care which the aforementioned physician in the exercise of his best judgment may deem
advisable.

HIPAA Release Authority. My agent shall be treated as I would be with respect to my rights
regarding the use and disclosure of my child's individually identifiable health information or
other medical records. This release authority applies to any information governed by the Health

Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to my child, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my child's individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my child's health care providers to restrict access to or disclosure of my child's individually identifiable health information.

This authorization shall remain effective through the _____ day of _____, 20_____, unless sooner terminated in writing.

Release of _____:

_____ shall indemnify, hold free and harmless, assume liability for, and defend _____, its agents, servants, employees, officers, and directors from any and all liability for personal injury or property damage and costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

Parent _____ Date: _____
Signed

Parent _____ Date: _____
Signed

ADDENDUM TO PARENT PERMISSION AND RELEASE OF LIABILITY

Home Phone: _____ Work Phone: _____

Other phone number: _____

Legal Guardian: _____ Phone:

Other Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone:

Insurance Co.: _____ If None Please Check:

Insurance Policy Name and #: _____

Known Medical Conditions: _____

Medications? _____

Allergies? _____

Last Tetanus Immunization? _____

Will You Allow Blood Transfusions? (check your response) Yes No

Other Comments: _____

Parent _____ Date: _____
Signed

Parent _____ Date: _____
Signed