



LIABILITY & MEDICAL RELEASE FORM

Please Fax to: (510) 268-1318 or email PDF to: cleon@schoolhealthcenters.org
DUE DATE: Friday, February 27, 2015 please keep a copy for your records.

I hereby give approval for _____ (Youth's Name) to participate in all activities associated with the California School Based Health Alliance's Northern California Y2Y (Youth-to-Youth) Conference (Thursday March 19, 2015). I assume all risks and hazards related to participation of the minor whose name appears below ('Minor') in the program activities, including transportation. I am of full legal age and have full authority to execute this Liability and Medical Release form on behalf of the Minor.

In the event my child, a minor, becomes ill or sustains an injury while in the care or under the supervision of _____ (SBHC Adult Ally) or California School Based Health Alliance staff, California School Based Health Alliance Staff Youth Board or other adult allies, I give my permission to administer first aid to my child. If I, (the parent, the legal guardian), cannot be contacted immediately in the event of an emergency, I authorize the minor's supervisor to consent to emergency hospital care for my child. Should any illness or accident occur to him or her, I will not hold liable the minor's supervisor, the California School Based Health Alliance, and its staff. I assume full responsibility for all related medical costs.

Student's Printed Name: _____ Date of Birth _____

Social Security Number (Optional): _____

Student's Address: _____

City/Country/Zip: _____

Parent or Legal Guardian's Name: _____

Phone Number: Day _____ Evening _____ Cell _____

Health Insurance Company: _____ Policy Number: _____

Any special health concerns, allergies to medication etc.? _____

Please list any medication the youth is currently taking. _____

In case of an emergency if I cannot be reached, please notify:

Name: _____ Relationship: _____

Phone Number: Day _____ Eve _____ Cell _____

Participant (if over 18) or Parent Signature _____

Date _____



MEDIA RELEASE

Please Fax to: (510) 268-1318 or email PDF to: cleon@schoolhealthcenters.org
DUE DATE: Friday February 27, 2015 [and bring original copy to the conference]

I hereby give approval for _____ (Participant Name) to participate in the California School Based Health Alliance's Northern California Y2Y (Youth-to-Youth) Conference (Thursday March 19, 2015). I assume all risks and hazards incidental to participation in the conference activities, including transportation.

I also give the California School Based Health Alliance the right to copyright and/or publish, reproduce, or otherwise use my child's name, voice, and likeness and/or written material, photographs, and audiovisual recordings about or by my child for instruction, advertising, program website, publications or brochures, or any other lawful purpose. I hereby agree to relinquish all rights, title and interest I may have in the finished product and waive all rights to any compensation thereof. I hereby acknowledge that I have read, understood, and voluntarily agreed to the foregoing consent and release agreement.

Student's Name (please print): _____

Date of Birth: _____

Student's Address: _____

City, State, Zip: _____

Student's Phone: _____ E-mail: _____

Parent/Guardian's Name (please print): _____

Signature of Parent or Guardian

Date