

PO Box 5632, Berkeley, CA 94705 510-903-1063 · www.cep.ngo · info@cep.ngo

## Field Trip/Off-Site Tutoring Session Parent/Legal Guardian Consent for Emergency Medical Treatment

The Undersigned do hereby authorize the officers, employees, volunteers or agents of Community Education Partnerships, adult persons into whose care our son/daughter has been entrusted, to consent to an X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permission is hereby granted to the officers, employees, volunteers or agents of Community Education Partnerships to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of our son/daughter in the event such help of an emergency nature becomes necessary. This authorization is granted with the knowledge that at certain locations used and/or administered by Community Education Partnerships medical assistance from a licensed physician or dentist may not be available.

In no event will Community Education Partnerships officers, employees, volunteers or agents be held liable for any first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent.

| Parent/Legal Guardian Signature   | Date  |
|---|---|
| Community Education Partnerships Staff Signature  | <br>Date  |
| Release:  |   |
| l,  | , the parent/legal guardian of  |
| Parent/Legal Guardian Name – Please Pri  Child Name – Please Print  | nt<br>, agree to release and hold harmless,   |
| Community Education Partnerships, its respe<br>agents (the "Released Parties") from any and<br>related to this activity and transportation to it,<br>accident, or death, or loss of property, whether<br>or destruction is caused or alleged to be cause<br>Released Parties. | all liability and claims, arising from or including, but not limited to any injury, er or not such injury, death, damage, loss, |
| Parent/Legal Guardian Signature   | <br>Date  |