



TREATMENT PERMISSION WAIVER

_____ (first and last name of Participant)
has/have my permission to participate in the following Daily activity and services provided by Karina Association:

Services: CDS ; ES ; Respite

Event Location: Baltimore City and Baltimore County

Estimated time of departure and return: 9am – 3:30pm, M-S

As parent(s) and/or legal guardian(s), I/we remain legally responsible for any personal actions taken by the above named individual(s).

PARENT PARTICIPATION CONFIRMATION:

_____ I/we do not accompany my child/children during services.

AUTHORIZATION TO TREAT INDIVIDUAL UNDER GUARDIANSHIP:

I hereby certify the following information to be true:

_____ son / daughter _____
Full name of Individual (circle one) Date of Birth

And I do hereby certify that to the best of my knowledge and belief said individual(s) is/are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child/children. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I, as parent(s) or guardian(s) of the individual(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Karina Association and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my participation in the above noted event.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the trip described above.

Parent/Guardian Signature Print Name Date

Parent/Guardian Signature Print Name Date

Address City State Zip Phone