

Bushels of Blessings
Child Waiver Form
380 Georgetown Road
Carneys Point, NJ 08069

I _____, the parent or legal guardian, give permission for _____ to be involved with Bushels of Blessing Ministry. By signing this, I release my child into the care Bushels of Blessings Ministry, and in case of accident or injury, I will hold harmless Bushels of Blessings Ministry or its employees and volunteers.

To whom it may concern:

I authorize an adult, in whose care of the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor is entrusted while attending and participating in the Bushels of blessings Ministry in Carney's Point, NJ

Insurance Company Name: _____

Insurance Policy/Account Number: _____

Insured's Name: _____

Physician's Name and Phone Number: _____

Please list any medical/allergic conditions and/or medications you are currently taking:____

Emergency Contact Name: _____ Relationship to Volunteer: _____

Phone # _____ (cell) _____

I, agree do not agree, to allow any photos of myself or my student to be used for promotional activities by Bushels of Blessings Ministry.

Parent or legal guardian signature

_____ Date ____/____/____