

**Christian Home Educators of the Visalia Area**  
**Waiver Notice and Medical Authorization Form**

**2010-2011**

\_\_\_\_\_ ("Participant") has my permission to participate in CHEVA activities or activities planned by CHEVA members. This waiver notice and medical authorization will remain in effect from (date/time)\_\_\_\_\_ to (date/time)\_\_\_\_\_ or, until cancelled in writing by the Participant's parent or guardian.

In the event of illness or injury, 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 a member of the medical staff of the hospital furnishing health care services.

I promise to indemnify, defend and hold the CHEVA organization, its officers and volunteers, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in the youth activities or the rendering of health care services pursuant to the above medical authorization.

I fully understand the participants are to abide by all rules and regulations governing conduct during the youth activities and those principles consistent with the mission and purpose of CHEVA. Any violation of these rules and regulations may result in that individual being sent home at the expense of the participant's parent(s)/guardian(s).

I am the parent/guardian of the participant and I represent that I have the custody and authority necessary to grant the above permission, waive claims and authorize medical treatment for participant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier	Policy Number	Emergency Authorization Phone #
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In the event of an emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_