

CHILD OVERNIGHT AND MEDICAL RELEASE FORM

Jewish Community Center of San Luis Obispo



JCCSO Sleepover date: _____

One of these Overnight and Medical Release forms must be filled out for each child attending the sleepover.

Child's Name _____

Birth date _____ Sex _____ Age _____

Parent/Guardian of child _____

Day phone _____ Night phone _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

IN CASE OF AN EMERGENCY please list two people other than parent/guardian who can be reached during overnight hours.

Name _____ Phone # _____

Name _____ Phone # _____

Please list any special conditions (allergies, special medications, etc.) for the child.

I understand that the JCCSLO staff may, in its sole discretion, call 911 to arrange any medical treatment, and that the JCCSLO disallows all responsibility for the cost of this or any other treatment.

I, the parent and/or legal guardian of the above-mentioned child, on behalf of the child, his/her parents or legal guardians, heirs, and legal representatives, do hereby release, acquit or forever discharge and agree to hold harmless, the JCCSLO and their respective employees and agents from any and all claims, demands, rights, damages, losses, injuries or causes of action whether known or unknown, or foreseen or unforeseen, arising out of any personal injury (or otherwise) sustained by or resulting from the child's participation in the JCCSLO Sleepover.

I understand that the parties released admit no liability of any sort.

Signature _____ Date _____