EMERGENCY RELEASE FORM

IMPORTANT: THE INFORMATION ON THIS FORM ACCOMPANIES YOUR CHILD WHEREVER HE/SHE IS. PLEASE COMPLETE ALL THREE SECTIONS.

I. CONSENT TO TREATMENT OF MINOR AND AUTHORIZATION TO "THE STUDY INSTITUTE" TO GIVE SUCH CONSENT.

CHILD'S NAME: ____

The undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes the Study Institute and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon advice of a licensed Physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that, if time and circumstances reasonably permit, the Study Institute will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the Study Institute and its Designated Leaders and Directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent of treatment of minor is given to the Study Institute in connection with any authorized event.

Signature of Parent/Guardian ____ Date: __________________

Medical Insurance Company______________________________________ Policy # _____________________

II. PERMISSION TO PARTICIPATE IN THE STUDY INSTITUTE SUMMER PROGRAM

I do hereby give permission for my child, ______________________________________ to participate in the Study Institute's summer program. I understand the risk involved in respect to such a program, and will assume responsibility and waive all rights to any liability claim against the Study Institute or its agents for injuries incurred in connection with said program. I further certify that my child is in good health and may participate in said program.

III. EMERGENCY INFORMATION

NAME OF MINOR: ____ BIRTH DATE: _____________
ADDRESS: ___________________________________CITY: _____________________ZIP__________

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME _________________________FATHER'S NAME ________________________
MOTHER'S HOME PHONE __________________FATHER'S HOME PHONE _________________
MOTHER'S WORK PHONE __________________FATHER'S WORK PHONE _________________

____ ____
MOTHER'S PLACE OF EMPLOYMENT FATHER'S PLACE OF EMPLOYMENT

NAMES AND PHONE NUMBERS OF TWO PERSONS WHO COULD BE CONTACTED IN CASE OF EMERGENCY AND WE CANNOT REACH YOU.

NAME: __________________________RELATIONSHIP______________ PHONE _______________
NAME: __________________________RELATIONSHIP______________PHONE _______________
DRUG ALLERGIES _______________FAMILY PHYSICIAN _________________PHONE_________