Medical and Publication Release

Name: _____

School: _____

Address: _____

City, State, Zip Code _____ Telephone (____)_____

Parent/Guardian (or spouse) _____ Telephone (____)_____

Place of Employment _____ Telephone (____)_____

If not available in an emergency, notify:

1. _____ Relationship _____ Telephone (____)_____

2. _____ Relationship _____ Telephone (____)_____

Allergies, medical conditions, etc._____

_____

Current medications:_____

Insurance Carrier: _____

Policy/Group#: _____

Name of Insured: _____

Parent/Guardian's Authorization:

I hereby give permission to the physician selected by the School Advisor/Chaperone or by the Georgia Center for Civic Engagement to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility for medical expenses resulting from illness and/or injury. I hereby release, discharge and hold harmless the Georgia Center for Civic Engagement from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter incur from any illness or injury.

I hereby grant to the Georgia Center for Civic Engagement the right to photograph, record and use my likeness and voice in photographs, video tape and audio tape, to incorporate the same into recordings, programs, publicity photos and promotional materials for publication, broadcast, instruction or presentation, and to use in all media, including web site publication and internet images. I hereby release, discharge, and hold harmless Georgia Center for Civic Engagement and anyone using said pictures, video or audio tape recordings, and web site images from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have by reason of any such use, hereby waiving any fee for the use of such materials.

Parent/Guardian Signature _____ Date _____