

This form must be filled out and signed by the parent/legal guardian

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured during any of the iWait. Program activities, I/we understand that Pregnancy Care Center of Plant City (PCCPC) will 1) contact me/us immediately, or 2) contact the person(s) I have designated in case I cannot be reached.

Should PCCPC be unable to reach me and/or the person(s) designated, PCCPC is authorized to contact my physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I accept full responsibility for payment of medical services rendered.

Parent's signature _____ Date _____

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions):

Preferred Physician Name /Phone _____

Preferred Physician Address _____

Preferred Hospital _____ Insurance Co. _____

Policy Number _____ Expiration Date _____

Photo/Video Release

I, _____, grant full permission to the Pregnancy Care Center of Plant City (PCCPC) to use photographs and video tapes taken of my child for PCCPC/iWait. Program publicity purposes.

Parent's signature _____ Date _____

Transportation Release

I, _____, give my child permission to participate in iWait. Program field trips and retreats. I understand that the Pregnancy Care Center of Plant City (PCCPC) will provide transportation to and from the scheduled event.

Parent's signature _____ Date _____

Evaluation Release

I, _____, give Pregnancy Care Center of Plant City (PCCPC) and the independent evaluator permission to collect information about my child as necessary for the design, implementation and evaluation of the iWait. Program. I understand all information is confidential and that my child will not be identified by any means, on any documents pertaining to the program.

Parent's signature _____ Date _____

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**Pregnancy Care Center of Plant City (PCCPC)
Release of iWait. Program**

We/I the undersigned, individually and as parent(s) legal guardian(s) of _____, do hereby consent for our/my child's participation in various activities of the iWait. Program. In giving this consent, we/I acknowledge and realize that activities planned and/or sponsored by the iWait. Program may include, by way of illustration, weekend retreats at locations outside of Plant City, Florida, a spring beach retreat, (river/lake parties which could include activities such as water skiing, inner tubing, and swimming, overnight activities, cookouts, sporting events) and recreational activities similar to them and as appropriate and necessary, and agree that our/my child can be transported to and from such activities by staff, organizers and volunteers of the iWait. Program.

We/I realize that in participating in the afore described activities, there is the possibility that our/my child may be injured despite efforts made by the iWait. Program to make activities reasonably safe. In consideration of the time and effort provided by the iWait. Program in the planning, supervision, transportation, chaperoning, and administration of programs and activities sponsored by the iWait. Program, we/I hereby release and discharge the Board of Directors, staff, organizers and volunteers of Pregnancy Care Center of Plant City (PCCPC), its agents, employees, and offices from any and all claims, lawsuits, demands, or damages which we/I may have (or which my heirs, executors, administrators, or assigns may have or claim to have) against The iWait. Program for any and all personal injury or injuries to property caused by or arising out of our/my child's participation in the afore described activities. This release is intended to and we/I fully understand that it shall protect Pregnancy Care Center of Plant City (PCCPC) from any lawsuits or claims which we/I might otherwise be able to assert on behalf of my child or myself for negligence committed by the organizers or volunteers of the iWait. Program.

In the event that our/my child participates in activities of the iWait. Program, Pregnancy Care Center of Plant City (PCCPC) may assume that our/my child participates with our/my knowledge, consent, and permission. We/I expressly release Pregnancy Care Center of Plant City (PCCPC) from informing us/me of our/my child's participation in iWait. Program activities. We/I fully assume responsibility of knowing when and if my child is participating in iWait. Program activities.

In the event that we/I wish to withdraw or nullify this release, we/I shall do so in writing to c/o Pregnancy Care Center of Plant City (PCCPC) 110 East Reynolds Street, Suite 300, Plant City, Florida 33563.

We/I have read this release and execute it voluntarily.

Date: _____

(Father /Legal Guardian Signature)

(Mother/Legal Guardian Signature)

Address: _____

Phone: _____

Renee Jones, iWait. Project Director
Dana Landers, iWait. Program Manager