



OCNJ C.A.R.E. MINOR Waiver/Release Form

Name:			
	First	Middle	Last
Age:		Date of Birth:	
Address:	Include Street, City, state, zip		
Home Phone:		Student Cell:	
Medical Insurance Co:		Insurance Policy #:	
Parent/Guardian Name:		Parent/Guardian Name:	
Parent/Guardian Phone:	Home Work	Parent/Guardian Phone:	Home Work
Emergency Contact Name:		Emergency Contact Phone:	
Physician's Name:		Physician's Phone:	
Any existing medical conditions?	(Please list and explain.)		

PERMISSION:

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by OCNJ CARE. ***I/We understand that there are inherent risks involved in any volunteer work, and I/we hereby release OCNJ CARE, and all volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.*** In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by OCNJ CARE, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the OCNJ CARE staff member.

Parent/guardian signature: _____ Date: _____