



# 28<sup>th</sup> Annual Freedom Tour

Monday, March 12—March 15, 2018

## S.H.A.P.E. COMMUNITY CENTER, INC.

SELF HELP FOR AFRICAN PEOPLE THROUGH EDUCATION

### Administrative Building

3903 Almeda Rd., Houston, TX 77004  
Tel: 713-521-0629 Fax: 713-521-1185

### Family Center

3815 Live Oak, Houston, TX 77004  
Tel: 713-52-0641 Fax: 713.526-5146

### Mailing Address:

PO Box 8428, Houston, TX 77288-8428  
[www.shape.org](http://www.shape.org) - [shape@shape.org](mailto:shape@shape.org)

### Emergency Medical Release (Parental/Guardian/Elder/Adult Consent Form)

Participant Name:  Child  Elder  Adult \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

I \_\_\_\_\_  Elder  Adult will be a participant at the **28<sup>th</sup> Annual Freedom Tour**

I \_\_\_\_\_  parent/guardian hereby give my permission for my child to be a participant on the **28<sup>th</sup> Annual Freedom Tour**. Initial: \_\_\_\_\_

I also give my permission to **S.H.A.P.E. Staff** to act on my behalf and render first and and/or for qualified hospital/ clinic medical personnel to render medical/surgical assistance to  my child  myself \_\_\_\_\_

\_\_\_\_\_ in the event of illness, accident, injury or emergency. If additional treatment beyond stabilization is required I will be notified by **S.H.A.P.E. Staff** to authorize such. Initial: \_\_\_\_\_

I further state that I will not hold **S.H.A.P.E. Staff, S.H.A.P.E. Community Center, Inc.**, , any worksite organization or agency liable for any illness, accident, injury or treatment while on the **28<sup>th</sup> Annual Freedom Tour**. Initial: \_\_\_\_\_

### Emergency Contact Numbers

#1 Name \_\_\_\_\_  Parent/Mother  Parent/Father  Guardian  \_\_\_\_\_

Hm. Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

#2 Name \_\_\_\_\_  Parent/Mother  Parent/Father  Guardian  \_\_\_\_\_

Hm. Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

### -----MEDICAL INFORMATION-----

Medical Condition(s) \_\_\_\_\_

\_\_\_\_\_

Current Medication(s) (name of medication, amount to be taken and frequency) \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

*My signature below denotes I am in complete agreement with the entire contents of this emergency medical release consent form.*

\_\_\_\_\_  
Parent/Guardian/Elder/Adult Printed Name  
PKM/2018

\_\_\_\_\_  
Parent/Guardian/Elder/Adult Printed Name  
Tour Date: March 12-15, 2018

\_\_\_\_\_  
Date Signed