

FOOTHILL COMMUNITY CHURCH
PARENTAL AUTHORIZATION TO CONSENT AND TREATMENT OF MINOR

(Herein "Parent")

(Herein "Minor")

(Herein "Parent")

FOOTHILL COMMUNITY CHURCH
(Herein Designated Agent")

The above named Parent of the minor has entrusted the Minor to the Designated Agent, while the Minor participates in an activity sponsored by the Designated Agent and for the welfare of the Minor.

The Parent does hereby authorize the Designated Agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act or the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by the dentist licensed under the California Dental Practice Act or the laws of the State or County in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist. In the exercise of his/her best judgment, may deem advisable.

These authorizations shall remain effective through **August 31, 2017** unless sooner revoked in writing and delivered to said Agent.

Dated: _____ Parent print name _____ Parent signature _____

Medical Information
Insurance Company: _____ Policy No#: _____
Claim Office Address: _____ Claim Office Telephone Number: _____
Employer Name and Address: _____
Where Parent Can Be Reached: _____ (Telephone) _____
Special Medical Conditions of Minor such as Diabetes, Allergic Reactions, Medications Currently Using _____
Doctor's Name: _____ (Telephone) _____
Address: _____

CIVIL CODE OF CALIFORNIA, SECTION 25.8

Either parent, if both parents have legal custody, or the parent of person having legal custody or the legal guardian of the minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special diagnosis or treatment and hospital care to be rendered to the minor by the dentist licensed under the provisions of the Dental Practice Act.

HEALTH & SAFETY CODE, SECTION 1283a

No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent or the person having legal custody of the child.

RELEASE FORM

I, the Parent or Guardian of _____ give my permission for the participation in the programs/events of Foothill Community Church. I understand these programs/events occur both on Foothill Community Church property as well as off Church property.

I hereby remise, release and forever discharge Foothill Community Church of Angels Camp, its employees, agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or action which might happen while participating in programs/events. I further understand that there is no Worker's Compensation or Accident Insurance furnished by Foothill Community Church for such programs/events.

I acknowledge that I am responsible for any and all medical expenses of the above noted minor while participating in all programs/events, and agree to hold harmless Foothill Community Church of any and all liability that may arise out of such participation.

Parent or Guardian

Date: _____ TELEPHONE: (Home) _____

Relationship to Minor

(Work) _____

Address: _____