

PARENTAL AUTHORIZATION AND TREATMENT OF MINOR
CAPISTRANO VALLEY CHURCH

(Herein "Parent")

(Herein "Minor")

(Herein "Parent")

CAPISTRANO VALLEY CHURCH
(Herein "Designated Agent")

The above-named Parent of the Minor has entrusted the Minor into the care of 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 of the laws of the State or Country 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 any dentist licensed under the California Dental Practice Act or the laws of the State or Country 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.

The Parent hereby authorizes any hospital, which has provided treatment to the Minor, to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283(a) of the Health and Safety Code of California, and similar provisions of the laws of the state or country in which the medical or dental care is being provided. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and similar provisions of the laws of the state or country in which the medical or dental care is being sought. The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization.

These authorizations shall remain effective until **April 30, 2009**, unless sooner revoked in writing delivered to said Agent.

Date

Parent or Guardian Signature

MEDICAL INFORMATION

Insurance Company: _____

Claim Office Address: _____

Claim Office Telephone Number: _____ Policy # _____ Group # _____

Employer Name and Address: _____

Where Parent Can Be Reached: _____ Telephone: _____

Special Medical Conditions of Minor such as Diabetes, Allergic Reactions, Medications Currently Using: _____

Pediatrician Name: _____ Telephone: _____

Address: _____

CIVIL CODE OF CALIFORNIA, SECTION 25.8

Either parent if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a 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 supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

HEALTH & SAFETY CODE, SECTION 1283(a)

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 participation in the programs/events of Capistrano Valley Church. I understand these programs/events occur both on Capistrano Valley Church campus as well as other locations off campus.

I hereby remise, release and forever discharge Capistrano Valley Church, its employees, agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whatsoever 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 Capistrano Valley 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 Capistrano Valley Church of any and all liability that may arise out of such participation.

Date

Parent or Guardian Signature

Relationship to Minor

ADDRESS: _____

TELEPHONE: (Day) _____ (Night) _____ EMAIL: _____

DATE OF BIRTH: _____ (Minor) SOCIAL SECURITY # _____ (Minor)