

CHILD'S NAME: _____

KING OF GLORY LUTHERAN CHURCH YOUTH MINISTRIES
MEDICAL AUTHORIZATION, RELEASE OF LIABILITY
AND PERMISSION FORM

PERMISSION AND AUTHORIZATION TO CONSENT TO TREAT A MINOR:

I, _____ am the parent, legal guardian, or the caregiver who is a relative of, and who, under Section 6550 under the California Family Code, may authorize medical and dental care for _____, (student name). I give permission for Minor to take part in any of the events held with King of Glory Lutheran Church.

MEDICAL RELEASE STATEMENT AND WAIVER

I hereby authorize King of Glory Lutheran Church, into whose care Minor has been entrusted, to consent to medical or dental treatment or care for Minor under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care under the general or special supervision and upon the advice of or to rendered by a physician or surgeon licensed under the Medical Practice Act and to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care by a dentist licensed under the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable.

I further authorize King of Glory Lutheran Church to receive physical custody of Minor under Section 1283 (a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of Minor to King of Glory Lutheran Church of Fountain Valley.

RELEASE OF LIABILITY:

I understand the nature to the events and do hereby release, acquit, and forever discharge, on behalf of myself and Minor, King of Glory Lutheran Church, its sponsors, agents, servants, successors, heirs, executors, and administrators, from any and all claims, actions (or cause of action), or expenses whatsoever, which the undersigned now has or may hereafter accrue on account of or in any way growing out of any known and unknown, foreseen and unforeseen bodily injuries and property damage and the consequences thereof resulting or to result from any accident, casualty or event which has or may occur during activities sponsored by or under the auspices of said King of Glory Lutheran Church.

The authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the dates listed above.

FATHER'S NAME (OR LEGAL GUARDIAN): _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONES WHERE PARENTS MAY BE REACHED:

FATHER (HOME): _____ **MOTHER (HOME):** _____

WORK: _____ **WORK:** _____

CELL: _____ **CELL:** _____

OTHER NUMBERS: _____

SIGNATURES: I (we) the undersigned, have read each and every provision and fully understand the foregoing document.

DATE

MOTHER

FATHER

CHILD'S NAME: _____

EMERGENCY FORM

*In the event of an emergency, in which I am not available, please notify:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PHONE# HOME: _____ WORK: _____ CELL: _____

HEALTH INFORMATION:

Please check any that apply and please describe and/or date appropriately:

Allergies: _____

Dietary Restrictions: _____

Asthma: _____ Recent Illness: _____

Current Medication(s): _____

Activity Limitations: _____

Immunizations: Tetanus _____ MMR _____ TB _____

Diphtheria _____ Polio _____

Pertinent Health Information: _____

Youth's Health and Accident Insurance Company: _____

Phone: _____ / _____ Policy # _____ Group # _____

Youth's Physician: _____ Phone _____ / _____

A WORD ABOUT DRIVERS TO ACTIVITIES:

*It is the policy of our church that any youth activity requiring transportation by car will be provided by adult drivers with a valid California driver's license, 21 years of age or older.

Parent/Guardian Signature: _____ Date: _____

(PLEASE TURN OVER)