

SAN MARINO COMMUNITY CHURCH YOUTH MINISTRY

1750 Virginia Road, San Marino CA. 91108 (626) 282- 4181

PARENT’S GENERAL RELEASE AND DELEGATION OF AUTHORITY TO CONSENT TO MEDICAL OR DENTAL TREATMENT
FOR A MINOR CHILD - GOOD THROUGH SEPTEMBER 30, 2010

MEDICAL/GENERAL RELEASE:

I/We authorize San Marino Community Church, it’s agents, employees, officers, directors and volunteers (herein known as SMCC) in whose care the minor child has been entrusted by me/us, to consent to any x-ray examinations, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general care and special supervision of a licensed physician under the California Medical Practice Act and/or by a licensed dentist. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required. It is given to provide authority and power on the part of SMCC to give specific consent to any and all such diagnosis, treatment or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of illness or injury of the minor child. This authorization is given pursuant to the provisions of California Family Code, Section 6901-6910. This authorization shall remain in effect through September 30, 2010 unless sooner revoked by the undersigned in writing delivered to SMCC.

This authorization shall remain in effect through September 30, 2010 unless sooner revoked by the undersigned in writing delivered to SMCC. This also releases it’s agents, employees, officers, directors and volunteers from any and all costs and expenses, including but not limited to, attorney’s fees, reasonable investigative and discovery costs, court costs, and all other sums which SMCC, it’s agents, employees, officers, directors and volunteers may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability or any claim or action founded for, arising or alleged to have arisen out of the activity for which this authorization is given or the use of real property belonging to SMCC, it’s agents, employees, officers, directors and volunteers or by any action or omission by the minor child.

Liability Release:

I/We agree to waive all claims against SMCC, it’s agents, employees, officers, directors and volunteers harmless from any and all liability claims that may arise out of or in connection with my child’s/children’s participation in this ministry and it’s activities.

Transportation Release:

I/We are aware that students will be transported to and from events in a church, and/or rental and/or private vehicles.

Insurance Release:

I/We understand that SMCC’s insurance begins where the individual’s health and accident policy terminates.

Personal Belongings Release:

I/We understand that SMCC is not responsible for personal belongings (including but not limited to cell phones, clothing, etc)

Discipline Release:

I/We fully understand that each participants to are abide by all rules and regulations governing conduct during the various activities/trips. In the event of repeated student misconduct, I/We authorize the staff to send my child home at my (parent’s/guardian’s) expense.

Student Name _____ Birthday _____ Age _____ Male/Female _____

Home Address _____ City _____ Zip _____

Insurance Company Group # _____ Policy # _____

Physician’s Name _____ Phone # _____

Health or Special Needs: (Check as appropriate)

<input type="checkbox"/>	My child has no special health needs the staff should be aware of and is not on any kind of medication.
<input type="checkbox"/>	My child has a special need – please modify my child’s activities. Examples: epilepsy, heart trouble, diabetes, etc. (Please provide specific instructions on the back including current medication, frequency, and dosage)
<input type="checkbox"/>	My child has the following allergies:
<input type="checkbox"/>	Other:

Parent/Guardian Name _____ Cell Phone # _____

Home Phone # _____ Work Phone # _____

Emergency Contact _____ Cell Phone # _____

Parent/Guardian Signature _____ Date _____