CPC Student Ministries

Parent/Guardian Authorization to Adult Person to Consent to Medical or Dental Treatment of Minor Child

I/We the undersigned, as the parent(s) or legal guardian(s) of the minor child listed below, do hereby authorize the official adult youth group sponsors appointed by the board of the Christ Presbyterian Church to consent on our behalf to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care, to be rendered to said minor under the general or special supervision and upon the advise of a physician and surgeon licensed under the provisions of the California Medical Practice Act, and to consent to any x-ray care to be rendered to said minor by a dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

This authorization shall become effective for all officially sponsored youth activities through December 31, 2012 unless sooner revoked in writing or designated on this form by the signing adults.

This authorization further expresses permission for the minor child listed to participate in the officially scheduled and formally approved youth events of the Christ Presbyterian Church and as such we waive the right of suit in the unlikely event of injury.

California Civil Code - Section 25.8 (added stats. 1965, c. 1524, p. 3616, s 1).
Authorization of Medical Treatment of Minors

Please Print And Use Pen

_____	_____/_____/_____
Name of Child	**Child's Birthdate**
_____	_____
_____	_____
Address	
	_____
_____	**Medical Info: allergies, medications, etc.**
Phone Number (home AND cell)	**(Use back if necessary)**
_____	_____
Name of Parent/Guardian	**Emergency Contact & Phone Number**
_____	_____
Signature Date	**Physician Name & Phone Number**
_____	_____
Name of Parent/Guardian	**Insurance Company**
_____	_____
Signature Date	**Policy Number**