Parent Consent Form

I hereby give my son/daughter,
_____ (name of child)
permission to participate in the following church activity:

Activity: Summer Pool Party

Date(s): Sunday, August 2nd 12pm—4pm
2224 Gunn Road Carmichael CA 95608

Teacher/Chaperone(s): Sean Horn, Renee Nunez-Horn, Bobby Grainger

Consent for Emergency Medical Treatment

California Civil Code Section 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit:
Either parent, or guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis and/or treatment and hospital care to be rendered to said minor under general or special supervision and advice of a physician and surgeon licensed under the provisions of the medicine practice act, or to x-ray examinations, anesthesia, dental and /or surgical diagnosis or treatment and hospital care to said minor by a dentist licensed under the provisions of the dental practice act.

Authorization

Persuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize
_____ (*name of teacher/chaperone who is entrusted with the care of my son/daughter*) to procure medical, hospital, or dental care for my son/daughter.
_____(*name of son/daughter*) in the event of injury or illness.
I understand and agree that I am financially responsible for any care so procured.
The telephone number where I can be reached during this activity:

_____

The name of a friend or relative whom I designate to give necessary authorization in the event I cannot be reached:

_____

The telephone number of that friend or relative: _____

Does your child have any medical conditions which the staff should know before this event: [ ] yes [ ] no

If yes, please explain: _____

_____

Parent Signature: _____ Date: _____