



# Parent Consent Form

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

*Activity:*

*Date:*

*Teacher/Chaperone(s):*

### **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: \_\_\_\_\_