



# Parent Consent Form

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

*Activity:*

*Date:*

*Leader/Chaperone(s):*

*Time:*

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