

CARLSBAD COMMUNITY CHURCH
PARENTAL AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

_____ (Name of Parent/Guardian)	_____ (Name of Student/Minor)
_____ (Address of Parent/Guardian)	_____ (Address of Student/Minor)
_____ (Phone Number of Parent/Guardian)	_____ (Phone Number of Student/Minor)
_____ (Alternate Phone Number of Parent/Guardian)	_____/_____/_____ (Gender) (Birthdate) (Grade)

The above-named parent/guardian of the minor has entrusted the minor to the care of Carlsbad Community church, while the minor participates in an activity sponsored by the church, and for the welfare of the minor.

The parent does hereby authorize the designated agent of Carlsbad Community Church to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or country in which the medical care is being sought.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California, and similar provisions of the laws of the State of Country in which the medical or dental care is being sought.

The parent hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the minor to the agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety code of the State of California, similar provisions of the laws of the State of Country in which the medical or dental care is being provided.

The parent hereby agrees to fully pay all costs of medical or dental care incurred for the minor by the agent under this authorization.

These authorizations shall remain in effect until revoked.

Dated: _____

(Parent/Guardian)

(Acting Agent of Carlsbad Community Church)

MEDICAL INFORMATION OF MINOR

Insurance Company: _____

Claim Office/Agent's Address: _____

Agent's Phone Number: _____ Policy Number: _____

Employer's Name: _____

Employer's Address: _____

Where Parent/Guardian can be reached: Work phone #: _____

Home phone #: _____

Cell phone #: _____

Special Medical conditions of minor to include allergic reactions and medications currently prescribed:

Physician's Name

Physician's Street

Physicians Phone Number

Physician's City/State/Zip code

CIVIL CODE OF CALIFORNIA, SECTION 25.8

“Either parent if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.”

HEALTH AND SAFETY CODE, SEC. 1283(a)

“No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent or the person having legal custody of the child.”