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Sierra Madre Congregational Church

PARENT CONSENT FORM

Youth's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Medical Ins. \_\_\_\_\_ Ins. ID# \_\_\_\_\_  
CDL# (Father) \_\_\_\_\_ CDL# (Mother) \_\_\_\_\_  
SS# (Father) \_\_\_\_\_ SS# (Mother) \_\_\_\_\_

If the above cannot be reached in case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_

Please note any special medical problems, allergies, etc. \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

We, the undersigned, parents of \_\_\_\_\_, a minor, do hereby authorize \_\_\_\_\_ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical 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 provision of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital; and to consent to any x-ray examination, anaesthetic, dental or surgical diagnosis or treatment and hospital 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 or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

We, the undersigned, acknowledge that our son/daughter will be instructed to buckle their seat belts upon departure. We will instruct our son/daughter in the importance of wearing seat belts at all times when a vehicle is in motion.

We also acknowledge that no alcohol, tobacco, or drugs are permitted on this trip. We understand that our son/daughter is under the authority of the Youth Pastor/Staff of SMCC, and that if at any time the conduct of my son/daughter is deemed detrimental and in defiance of this authority, such conduct may result in our son/daughter being sent home. We have discussed this with our son/daughter.

This authorization shall remain effective until \_\_\_\_\_, (18th birthday) unless sooner revoked in writing delivered to said agent(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Witness \_\_\_\_\_

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