

Student Name _____

2010

SEACOAST GRACE CHURCH CYPRESS

MEDICAL TREATMENT CONSENT & LIABILITY RELEASE FORM FOR MINORS
5100 Cerritos Ave ♦ Cypress, CA 90630
(California Civil Code Section 25.8)

It is my desire that my child/ward participate in the activities of SeaCoast Grace Church Cypress, therefore: I, the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of SeaCoast Grace Church Cypress or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

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 said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury or illness to my child/ward. I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities.

RISK

(Athletics, games, travel, hiking, climbing, projects, weather, hobbies, tasks or any other related activities) I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child/ward to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against SeaCoast Grace Church Cypress, staff or sponsors as a result of any injuries suffered in the course of my child's/ward's participation.

DISPUTE

In the event that a dispute arises between myself and SeaCoast Grace Church Cypress concerning injuries to my child/ward, than I agree that a Christian arbitrator acceptable to both sides shall resolve the dispute. The cost of the arbitrator is to be shared equally by the parties. All applicable statues of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

(TERM OF AGREEMENT)

This authorization will remain in effect until the end of the calendar year specified on this form and while participating in any program or activity authorized by SeaCoast Grace church Cypress, unless revoked by the undersigned in writing and delivered to the agent of SeaCoast Grace Church Cypress.

Student Name _____ Age _____ Sex _____ Grade _____

Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Parent/Guardian _____ Cell # _____ Home # _____
Other Parent _____ Cell # _____ Home # _____
Doctor's Name _____ Phone # _____
Medical Insurance Co. _____ Policy # _____

MEDICAL INFORMATION

Date of last Tetanus shot _____

- | | | | | | |
|---|---|---|--|-----------------------------------|--|
| <input type="checkbox"/> Drug allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Physical Disorder |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Other | | | | | |

Please explain any checked boxes _____

PHOTOGRAPHY/VIDEO TAPING

I give permission to photograph and videotape my child for future promotional materials, including SeaCoast Grace Church website, without expectation of compensation. Yes, you have my permission No, please do not publish photos or video my child.

Parent Signature _____ Date _____

PARENT AUTHORIZATION SIGNATURE

Parent or Legal Guardian: _____ Date: _____