

STONYFORD COMMUNITY CHURCH
PO BOX 75 STONYFORD, CA 95979 530-963-3072
MEDICAL PERMISSION/RELEASE FORM

Child's Name

Last First

Birth date _____ Age _____ Grade _____

Parent or Legal Guardian _____ Phone _____

Home Address

Number/Street City Zip

In Emergency Notify: _____ Phone _____

Child subject to: (check any that apply)

_____ Convulsions _____ Bronchitis _____ Sleepwalking _____ Colds _____ Sore Throat
_____ Fainting _____ Headaches _____ Asthma _____ Ear Infections _____ Allergies

Allergic Reactions to:

_____ Aspirin _____ Penicillin _____ Bee Stings _____ Specific Foods: _____

Other:

Other comments pertinent to child's health:

Parent's Health Statement (must be signed by parent):

I, the undersigned, understand that at Stonyford Community Church of Stonyford, California, strenuous physical activity, both aquatic and outdoor, are a regular part of any camp session/excursion/trip. To the best of my knowledge, my child _____, is in excellent physical and mental health, and needs no restrictions from strenuous physical activity.

If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform Stonyford, Community Church of any health problems and restrictions on my child's activities in writing.

Parent/Guardian's Signature: _____ Date _____

(Please read and sign both sides.)

Authorization to Consent to Medical Treatment of Minor

I, the undersigned, parent of _____, a minor, do hereby authorize Stonyford Community Church of Stonyford, California, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable or necessary by, and is to be rendered under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act of the State of California, 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 of the State of California. It is understood and agreed that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required for said minor child, but is given to provide authority and power on the part of our agent, Stonyford Community Church, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California, and the undersigned is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California, and the undersigned acknowledge that I have specifically represented to Stonyford Community Church that I am the parent or legal guardian of the aforementioned minor, having legal custody of said minor child. This authorization is effective for a period of two (2) years from the date said authorization is signed.

I give my full consent for my child to attend any event sponsored by Stonyford Community Church. I also agree not to hold Stonyford Community Church, or its staff and advisors responsible or liable in any way for accidents or injuries that my child may incur while on an outing away from Stonyford Community Church or at an event on the grounds of the church. I also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct on all such activities.

Parent/Guardian's Signature: _____ Date _____

Insurance Carrier:

Name Address Phone

Insurance Card Number: _____

Primary Physician: _____

Name Address Phone

Special medical attention or treatment of said minor child not previously mentioned:

Release/Disclaimer of Liability

I, _____, in consideration of the benefits derived from my participation with Stonyford Community Church's activities, games, services, functions, etc., do hereby voluntarily release, acquit and forever discharge Stonyford Community Church and its Pastors, Elders, officers, employees and agents, from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in these activities and functions on Stonyford Community Church grounds or places that are traveled to for service, activities, etc.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks, as well as other risks, to me and my property, and I enter into participation in the trip with knowledge of those risks. I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in any such activity. No provision of this document shall, in any way, limit my right to make claims against persons other than Stonyford Community Church, its Pastors, its Elders, officers, employees and agents.

Child's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____

(Please complete this form in its entirety. See reverse side.)