

# Calvary Chapel Lakeside

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## CONSENT FORM

### AUTHORIZATION FOR CONSENT FOR TREATMENT OF MINOR AUTHORIZATION FOR ACTIVITIES/FIELD TRIPS ON AND OFF THE CHURCH GROUNDS

Youth's Name: \_\_\_\_\_ -Note: A separate form is required for each youth

Parent/Gaurdian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

(I) (We), hereby consent to have the above youth participate in ALL activities supervised by the Calvary Chapel Lakeside, **T4c RIDE** and volunteers on church grounds and away from the church grounds to points of interest during 2010 year.

(I) (We), further hereby agree to hold harmless CALVARY CHAPEL LAKESIDE, its leaders, members, administrators and volunteers, from any costs or liabilities which may incur as a result of my child's participation in Calvary Chapel Lakeside activities during the year of 2010.

(I) (We), do hereby authorize CALVARY CHAPEL LAKESIDE, 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 as is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. 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/her best judgment may deem advisable. All drivers / volunteers are released from any liability.

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

(I) (We) hereby authorize any hospital which has provided treatment of the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to alternate emergency contact listed below upon the completion of treatment, only if the parent/guardian is not available. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

(I) (We) also give permission to those is in charge to take whatever steps are necessary to stop bleeding from a wound or injury. If it is not possible to reach the emergency provider named below or to contact me personally for specific care instructions, (I) (We) give permission to take my child to any licensed physician, surgeon and/or hospital for immediate treatment, and to administer proper medications or perform surgery as would be deemed advisable by the attending physician. (I) (We) give permission to the physician to act as required in the event of an emergency to preserve the life & health of my child.

(I) (We) the parent(s) / guardian(s) will be responsible for all expenses incurred as a result of treatment for such an illness or injury as would warrant this action. In the event that a parent(s) of this child cannot be contacted, this form authorizes Calvary Chapel Lakeside to seek medical attention for your child.

Alternate Emergency Contact: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Will be contacted only if the parent/guardian is unavailable

Your child will be taken to the closest emergency room, unless specified below:

Preferred Emergency Provider: \_\_\_\_\_

By Signing below, (I) (We) have read, understand and agree to all statements made herein.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_