

Permission and Authorization to Treat Minor and Wavier of Responsibility

Sierra Presbyterian Church - 175 Ridge Road Nevada City, CA 95959 (530) 265-3291 www.sierrapres.com

Good from: May 31, 2018 to August 31, 2019

Student Information: *please print legibly and fill out completely. This information helps us to update our annual records for graduations, parent student contact and changing medical information.*

Permission

I (We) the parent(s) or legal guardian(s) of _____ a minor, hereby give permission for his/her participation in youth group activities during the period given above. I (We) agree to direct my (our) child to cooperate and conform to the directions and instructions of personnel responsible for the youth activities.

Authorization

I (We) the undersigned parent(s) or legal guardian(s) of the above named child, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his/her best judgment. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that none of the above treatment will be withheld if the undersigned cannot be reached.

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

Waiver

In addition to the foregoing authorization and in consideration of the benefits to be derived from participation in church activities, I (We) waive on my (our) behalf and on the behalf of the above named individual, all claims from ordinary negligence which I (We) may hereafter have on my (Our) behalf and on behalf of the above named individual against the Sierra Presbyterian Church of Nevada City, its staff members and its leadership volunteers arising from the events sponsored by the Youth Groups of the Sierra Presbyterian Church of Nevada City during the year from which this authorization and waiver has been given.

This waiver is given pursuant to Section 1668 of the California Civil Code

I (We) agree that in the event my (our) child is injured as a result of his/her participating in any event governed by this document, including transportation to and from such event, through the negligence (active or passive) of the church, or any of its agents or employees, recourse for the payment of any resulting hospital, medical insurance, or any available benefit plan of mine or of my spouse.

Use of Photograph and/or Video/Audio Recording of your Child

___ **Yes - You may use photo/video/audio** ___ **No – You may not use photo/video/audio**

I (We) have been notified by this document that Sierra Presbyterian Church may use a photograph video and/or audio recording of my child or myself in future publications, web pages and other promotional materials produced, used by and representing SPC. I understand that if I want to opt out of having pictures, video or audio of my child or myself used I need to contact the church by email (design@sierrapres.com) or in writing to the church office.

Health-related Information

___ My son/daughter has no health-related impediments to full participation in youth group trips, events or activities.

___ My son/daughter has health-related impediments to full participation in youth group trips, events or activities.
Please specify:

___ Youth group leaders, using discretion, have my permission to provide my son/daughter with over-the-counter medicine (for colds, pain, motion sickness, diarrhea, etc.).

___ My son/daughter is not known to be allergic to any medication.

___ My son/daughter is allergic to the following medication(s): _____

___ My son/daughter is allergic to ___ bee stings ___ poison oak ___ Other (please specify)

___ My son/daughter wears contact lenses.

I (We) understand that all medication prescribed by a physician brought by my son/daughter on or to a youth group trip, event or activities must show the following: date prescribed, name and address of doctor, dosage, purpose, and name of patient. Medications must be surrendered to the youth group leadership for safekeeping unless other arrangements are made in advance.

Please take the time to fill this form out legibly and completely. This information is important to insure that we have an accurate database to stay connected with our parents and students. We use it to celebrate birthdays, recognize graduates and provide authorized medical treatment.

Parent/Guardian Signature

Street _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Email address _____ *I promise not to spam you*

Signature _____ Date _____

Please Print _____

Parent/Guardian Spouse Signature

Street _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Email address _____ *I promise not to spam you*

Signature _____ Date _____

Please Print _____

In Case of Emergency - (ICE)

Name _____ Phone _____

Student Information

Name of the school that student will attend during the upcoming 2018/19 school year

Circle the grade level that student will attend during the upcoming 2018/19 school year

6th 7th 8th 9th 10th 11th 12th Graduate

Date of Birth: Month _____ Day _____ Year _____ Age _____

Student cell _____ email address _____

I promise not to spam you