

PEACE LUTHERAN CHURCH
71 Loma Drive, Camarillo, CA 93010
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PARENT OR GUARDIAN CONSENT AND APPROVAL FORM

Name: _____ Date: _____

Address: _____

Email Address: _____ Phone: _____

Has my permission to participate in any activities during the calendar year of 2010. This will include the activities at the church as well off-site church activities.

Signed _____
Parent or Guardian

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I/We) the undersigned parent(s), or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.5 of the Civil Code of California.

List any Restrictions: _____

Date: _____ Parent's Signature (or Guardian): _____

This consent shall remain effective until December 31, 2010

Personal Physician: _____ Phone# _____

Allergies to drugs or foods: _____

Medication child is currently taking: _____

Father's Home Phone:# _____ Work Phone# _____

Mother's Home Phone# _____ Work Phone# _____

Another Emergency Contact: _____ Phone# _____

Insurance Company & Policy Numbers _____

I DO DO NOT give permission to share photos of my child on Peace's website, slideshows or any other public media.