

PEACE LUTHERAN CHURCH  
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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 2015. 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, 2015

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.