



PARENT/GUARDIAN ACTIVITY/MEDICAL CONSENT FORM

I, _____, am the parent or legal guardian of _____ (hereinafter "my child") and I am informed of the activities offered by Seaside Community Church in Seaside, California.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in the following church sponsored activity: _____

Additionally, I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis, or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that the law requires no consent from any other person.

Please note the following information in case of an emergency:

Food or Drug Allergies: _____

Medical Insurance Company/Policy #: _____

Telephone # Where Parent/Guardian Can Be Reached: _____

Date: _____

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____