

# VIRALFAITH

STUDENT MINISTRY

## 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, Seaside,  
CA.

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:

\_\_\_\_\_

Should an emergency occur in which my student requires medical assistance while participating in the  
above-listed activity/event, I additionally 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:

Known Food or Drug Allergies: \_\_\_\_\_

Medical Insurance Company/Policy #: \_\_\_\_\_

Telephone Number Where Parent/Guardian Can Be Reached: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_