C L A I R E M O N T E M M A N U E L • C O R N E R S T O N E Y O U T H

2610 Galveston Street • San Diego, CA • 92110 • (619)276-1922

YOUTH'S NAME_____ AGE_____ D.O.B._____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PARENT'S NAME_____ PARENTS' WORK_____

HOME PHONE_____ CELL PHONE _____

PERSON TO NOTIFY IN EMERGENCY (other than parent)_____

EMERGENCY CONTACT'S PHONE (home/cell/work)_____

The above-named parent of the Minor has entrusted the Minor into the care of organization, while the Minor participates in an activity sponsored by Clairemont Emmanuel Baptist church and for the welfare of the Minor.

The parent does hereby authorize the designated agents of the Organization to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon, or dentist licensed under the provisions and laws of the State or Country in which the medical care is being sought and on the medical staff of any hospital.

It is understood that this authorization is give in advance of any diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agents to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician, and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety code of California and similar provisions of the laws of the State or Country in which the medical or dental care is being provided.

The Parent hereby agrees to pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization. These authorizations shall remain effective until 8/31/09 unless sooner revoked in writing delivered to said Agent.

DATED:_____ (PARENT)_____

(PARENT)_____

M E D I C A L I N F O R M A T I O N

INSURANCE CO.:_____

CLAIM OFFICE TELEPHONE #:_____

POLICY #:_____

EMPLOYER NAME & ADDRESS: _____

SPECIAL MEDICAL CONDITIONS OF MINOR SUCH AS DIABETES, ALLERGIES AND MEDICATIONS CURRENTLY USING OR LEARNING DIFFICULTIES: _____

_____

_____

_____

PEDIATRICIAN NAME: _____

ADDRESS: _____

PHONE:_____

CIVIL CODE OF CALIFORNIA, SECTION 25.8

Either parent if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Ace, or a dentist licensed under the provisions of the Dental Practice Act.

HEALTH & SAFETY CODE, SECTION 1283 (A)

No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized by the child's parent or the person having legal custody of the child.