

CONSENT TO TREATMENT

(I, We, Parents, Guardians) of _____ do hereby authorize the youth sponsor representing Grace Church of San Luis Obispo, California, as agents for the undersigned 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 general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or said hospital.

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

This authorization is given pursuant to the provision of Section 25-8 of the Civil Code of California. This authorization is to be effective until revoked in writing by said agent.

It is understood that parents or legal guardians are responsible for all costs not covered by church youth group insurance.

PLEASE PRINT _____ (Parents or Legal Guardian names)

(Name & Address of Parent or Legal Guardian) (City/State) (ZIP)

(Daytime phone) (Evening phone)

(Relative's name & phone)

Student's birth date Email address

SIGNATURE PLEASE ...

(Parent or Legal Guardian) (Date)

Does your child have permission to be given Tylenol or Ibuprofen? Yes _____ No _____ Dosage _____

SPECIFIC INSTRUCTIONS TO THE NURSE OR DOCTOR (INCLUDE SPECIAL MEDICATION, MEDICAL DISORDERS AND INSTRUCTION/DOSAGES)... _____

Allergies: _____

Date of last Tetanus: _____ Family Physician or Medical Group: _____

Insurance Company and Policy Number: _____