

FAITH COMMUNITY CHURCH *by the Sea*

MEDICAL TREATMENT CONSENT & LIABILITY RELEASE FORM FOR MINORS

(California Civil Code Section 25.8)

It is my desire that my child/ward participate in the activities of Faith Community *by the Sea*, therefore:

I, the undersigned parent/guardian of _____, do hereby authorize the adult leader of Faith Community Church by the Sea or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical doctor or facility. The medical/dental care is to include, but not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed medical doctor or dentist.

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 on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. The authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury or illness to my child/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child/ward as a result of any injury or illness suffered during his/her participation in any church related activities.

RISK

(Athletics, games, travel, hiking, climbing, projects, weather, hobbies, tasks and other related activities) I am aware that these activities may involve some hazard. I have considered these risks and still wish my child/ward to participate. In consideration of my child/ward participating in these activities, I agree not to bring legal action against Faith Community Church by the sea, staff or leaders as a result of any injuries suffered in the course of my child's/ward's participation.

DISPUTE

In the event a dispute arises between myself and Faith Community Church by the Sea concerning injured to my child/ward, then I agree that the dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Term of Agreement

This authorization will remain in effect until aforementioned minor reaches the age of 18 while the minor is enroute to or from or involved or participating in any program or activity authorized by Faith Community Church by the Sea, unless revoked by the undersigned in writing and delivered to the agent of Faith Community Church by the Sea.

Name (child/ward) _____ D.O.B. ____/____/____ Gender _____ (m/f)

Address _____

City, State, Zip _____

Emergency information:

Parents/Guardian _____ Home# _____ Office# _____

Doctor's Name _____ Doctor's Phone# _____

Medical Ins. Company _____ Policy# _____

Medical Information: (circle all that apply)

Drug allergies Asthma Hay Fever Insect Stings Diabetes Cardiac Chronic Asthma Epilepsy

Seizure Disorder Nervous Disorder Physical Disorder Emotional Disorder Other

Date of last Tetanus shot _____

If you have checked any of the above, please give details: _____

Signature of parent or legal guardian _____ Date ____/____/____