

FIRST BAPTIST CHURCH OF WINDSOR
PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR
AND RELEASE OF LIABILITY AGREEMENT

Herein "Parent"

First Baptist Church of Windsor
Herein "Organization"

Herein "Minor"

Student Ministry Leaders
Herein "Agents"

The above-named Parent of the Minor has entrusted the Minor into the care of an adult, duly authorized representative(s) of the Organization, while the Minor participates in an activity sponsored by the Organization.

For the welfare of the minor, the Parent does hereby authorize the organization, its employees or designees as agent 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 the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent(s) 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.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent(s) 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 fully pay all costs of medical or dental care incurred for the Minor by the Agent(s), or the Organization, under this authorization.

Furthermore, Parent voluntarily releases, discharges, waives, and relinquishes all claims that they may have against Agent(s) or Organization, its officers and employees, for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication of Minor or violation of law, whether willful or negligent.

These authorizations shall remain effective until _____, unless sooner revoked in writing delivered to said Agent(s).

No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Dated: _____

Parent's Name

Parent's Signature

MEDICAL INFORMATION

WHERE PARENT CAN BE REACHED DURING THE EVENT:

HOME# _____ CELL(S)# _____ WORK # _____ EMAIL: _____

ADDRESS: _____

INSURANCE COMPANY: _____

CLAIM OFFICE ADDRESS: _____

CLAIM OFFICE TELEPHONE: _____

POLICY #: _____

EMPLOYER NAME AND ADDRESS: _____

EMERGENCY CONTACT (DURING THE EVENT): _____

EMERGENCY CONTACT TELEPHONE: _____ EMAIL: _____

RELATIONSHIP TO STUDENT: _____

SPECIAL MEDICAL CONDITIONS OF THE MINOR, SUCH AS DIABETES, ALLERGIC REACTIONS:

MEDICATIONS CURRENTLY USING: _____

PHYSICIAN NAME, ADDRESS, AND TELEPHONE #: _____

Family Code of California, Section 6910

The Parent, Guardian, or Caregiver of a minor who is a relative of the minor and who may authorize medical care or dental care under Section 6550, may authorize in writing, an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

Family Code of California, Section 6901

“Dental Care” means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.

Family Code of California, Section 6902

“Medical Care” means 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.

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 in writing by the child’s parent, the person having legal custody of the child, or the caregiver of the child who is a relative of the child and who may authorize medical care and dental care under Section 6550 of the Family Code.
