

SAN DIEGUITO UNITED METHODIST CHURCH

170 Calle Magdalena
Encinitas, CA 92024
(760) 753-6582

MEDICAL RELEASE FORM:

NAME OF CHILD _____

AGE _____ SEX _____ GRADE _____ D. O. B. _____

ADDRESS _____

CITY _____ PHONE () _____

PAGER/CELL PHONE # _____

PARENT OR GUARDIAN _____

ADDRESS (if different) _____

WORK PHONES () _____
() _____

IN CASE OF EMERGENCY, PLEASE NOTIFY _____

_____ PHONE () _____

PHYSICIAN _____

PHONE () _____

SPECIFIC INFORMATION REGARDING ALLERGIC REACTIONS TO FOODS, INSECTS, OR MEDICATION, AND CONDITIONS FOR WHICH MEDICATIONS ARE REGULARLY TAKEN:

Date of Tetanus Shot _____

PLEASE LIST ANY PHYSICAL HEALTH CONDITIONS _____

AUTHORIZATION TO CONSENT TO TREATMENT

(I) (We); (parents) (legal guardians) of _____ do hereby authorize staff or sponsors of San Dieguito United Methodist Church 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 the general or special supervision of, any physician and 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 of said physician or at said hospital. 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 powers on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective until September 30, 2012 unless revoked sooner in writing delivered to said agents.

(Father, Mother or Legal Guardian)

(Date) Insurance Company

Policy #

(OVER PLEASE)

**CONSENT FOR MINOR TO PARTICIPATE
IN CHURCH ACTIVITY AND RELEASE OF LIABILITY**

I (We) hereby consent to my (our) minor child, _____
_____ participating in church related activities for the
period from July 1, 2011 to September 30, 2012.

In consideration of the San Dieguito United Methodist Church of Encinitas providing the adult-supervised activity described above and for other valuable consideration, I (We) hereby release Church and its agents and employees from any and all liability, claims, demands, actions, and causes of actions to accrue to the named minor or to the parents or guardians of the minor as a consequence of any accident or injury. We further hereby expressly agree to indemnify Church and each of its employees and hold them forever harmless against any loss from any and all such claims, demands, or action, which may be made or brought by the minor or by anyone acting on behalf of the minor for the purposes of attempting to enforce a claim for damages or on account of injury sustained by the minor or to the minor's property. Such indemnity shall include all reasonable expenses incurred by Church and its agents and employees or any of them, related to any such claim, including but not limited to attorney fees.

This release shall inure to the benefit of and be binding upon the heirs, assignees, personal representatives, and successors in interest of the parties. Each person signing this executes it on his/her own behalf and on behalf of the child named below. If executed by more than one person it is executed jointly and separately.

Executed at _____ on _____
Name of Parent or Guardian Date: _____

(signature)

(print name)

Name of Parent or Guardian

(signature)

(print name) Date: _____

(Each parent or Guardian must sign for the minor)