

## Parent Permission / Release Form

Name	Date of Birth	
Address	Phone	

## Authorization to consent of treatment of minor:

(I/we), the undersigned parent(s) of \_\_\_\_\_\_, a minor, do hereby authorize Coastline Bible Student Ministry Leaders as agent(s) for the undersigned to consent to any X-ray exams, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Art whether such diagnosis or treatment is rendered at the office of said physician or at a 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 power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of (his/her) best judgment, may deem advisable.

(I/we) also give (my/our) permission for (my/our) child to be transported to and from camp(s) and other church sponsored activities in church approved vehicles. (I/we) realize that the church insurance begins where the individual's health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through \_\_\_\_\_\_\_''s eighteenth birthday, unless sooner revoked in writing to said agent(s).

Signature of Father or Legal Guardian	Date	Cell
Signature of Mother or Legal Guardian	Date	Cell
Doctor		
Name	City	Phone
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Medication(s)	Allergies:	
Indicate medication taken on a regular basis (if any). May continu	ue medication and/or allergy list on backs	ide of form.
Insurance Provider	Policy #	
Alternate Contact		
Name		Phone #

(Please list any additional information or instructions on back.)