

mission viejo christian church

Experiencing God Together

Youth Group Annual Permission Slip & Medical Release Form

Jan '10 through December '10

Please print clearly

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Birthday: _____

Parent's (Legal Guardian's) Name: _____

Where parents can be reached: _____

In Case of Emergency, Other than Parents, Please Notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information

Family physician: _____ Phone: _____

Address: _____

Health insurance: Yes ___ No ___ If yes, write name of provider: _____

Address: _____ City: _____

State: _____ Zip: _____

Policy / Group: _____ Main Insured S.S. #: _____

List any special conditions of minor such as diabetes, allergies, medications currently using, etc.: _____

I (we) the undersigned parent(s)/Legal Guardian(s) of _____, a minor, do hereby authorize Mission Viejo Christian 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 any accredited hospital, whether such diagnosis or treatment is rendered at the 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 power on the part of Mission Viejo Christian Church to give specific consent as his/her 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 **Jan. 1, 2010 – Dec. 31, 2010** unless sooner revoked in writing & delivered to said agents.

Signature of Parent or Legal Guardian

Date