

Los Altos Grace Brethren Church, (AKA LAGBC)

YOUTH MINISTRIES

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 LAGBC, for the year of _____, therefore:

I the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of LAGBC 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 or dental doctor or facility. The medical/dental care is to include, but not be 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. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury of 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 of illness suffered during his/her participation in this field trip.

RISK

Athletics, games, travel, hiking, climbing, projects, weather, hobbies, transport, tasks and other related activities. I am aware that these activities may involve some hazard. I have considered these risks and I 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 LAGBC, staff or sponsors 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 LAGBC concerning injuries to my child/ward, then I agree that a Christian arbitrator acceptable to both sides shall resolve the dispute. 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 the end of the calendar year while the minor above is enroute to or from or involved or participating in any program or activity authorized by LAGBC, unless revoked by the undersigned in writing and delivered to the agent of LAGBC.

Name (child/ward) _____ Birthdate _____ Sex _____ Grade _____
Address _____ City _____ State _____ Zip _____
Child Email Address _____ Child Cell # _____

EMERGENCY INFORMATION

Parents/Guardian _____ Home # _____ Cell # _____
Doctor's Name _____ Doctor's Phone # _____
Medical Ins. Co. _____ Group # _____ Cert. # _____

MEDICAL INFORMATION: Date of last Tetanus shot _____

- Drug Allergies Asthma Hay Fever Emotional Disorder Insect Stings
 Diabetes Cardiac Seizure Disorder Nervous Disorder Physical Disorder
 Other

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

Signature of Parent or Legal Guardian _____ Date: _____