

Authorization for Medical Treatment of a Minor and Waiver of Liability Medical:

I/we, the undersigned parent(s)/guardian(s) of _____, _____, and _____, minors, do hereby authorize First Baptist Church of Yucaipa, California, 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 or necessary by, and is to be rendered under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Protective Act, or to consent to an x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood and agreed that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required for said minor, but is given to provide authority and power on the part of our agent, First Baptist Church of Yucaipa, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable or necessary.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California, and the undersigned acknowledge that I/we have specifically represented to First Baptist Church of Yucaipa that I/we are the parent(s) or legal guardian(s) of the aforementioned minors, having legal custody of said minors. This authorization is in effect for a period of one (1) year from the date said authorization is signed.

Waiver: I/we give our full consent for my child to attend any event sponsored by First Baptist Church of Yucaipa. I also agree not to hold First Baptist Church of Yucaipa, staff, or advisors responsible or liable in any way for accidents or injuries that my child may incur while on any outing away from First Baptist Church of Yucaipa or at an event on the grounds of the church. I also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct on all such activities.

I/we, the undersigned, understand that at First Baptist Church of Yucaipa strenuous physical activity, both aquatic, and outdoor, are a regular part of any camp session/excursion/event/trip/activity. To the best of my/our knowledge, my/our child is in excellent physical and mental health and needs no restrictions from strenuous activity. If I/we have any questions regarding our child's health, I/we understand that it is our obligation to seek professional medical advice and to inform First Baptist Church of Yucaipa of any health problems and restrictions our child's activities in writing.

Medical Insurance Company: _____

Address: _____

Phone: _____ Insurance Plan #: _____

Group # _____

Date: _____ Print Name: _____

Signature: _____