



Youth Permission Slip/Medical Release Form

Please Print

Youth's Name _____ (Circle One)
Male Female

Date of Birth _____ Grade for school yr 08-09 _____

Parent's Name _____

Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Emergency Phone: (____) _____ - _____ Pager/Cell Number:(____) _____ - _____

I/We hereby give my /our permission for my/our child _____ to attend the Calvary Chapel Fullerton sponsored youth events during the next 12 months beginning the month of July 2008 to July 2009. I/We understand that there will be adult supervision at these events. I/We also understand that if there are any disciplinary problems with the above named teen, it will be our responsibility to pick up our child at the site of the above event and they will not be eligible for future events without specific approval of the Calvary Chapel Fullerton leadership.

AUTHORIZATION TO CONSENT TO TREATMENT

I/We, the undersigned, parent(s)/Guardian(s) of the teen named above on this consent form, do hereby authorize Calvary Chapel Fullerton, it's staff or representatives, as agent(s) for the undersigned to consent to a X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any hospital or medical clinic 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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise on his best judgment may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California (allows) Parent(s) or Guardian(s) to authorize any adult to consent to medical or dental treatment as stated in the above paragraphs).

This authorization shall remain effective until July 31, 2009, unless sooner revoked in writing delivered to said agent(s).

Dated _____ Signed _____
Parent or Legal guardian