

AUTHORIZATION AND CONSENT FOR MINOR
(PERSUANT TO CALIFORNIA CIVIL CODE SECTION 25.8)

Name of Minor: _____ Date of Birth: _____

The undersigned do hereby authorize, **VALLEY CHRISTIAN FELLOWSHIP**, as agents for the for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the **MEDICINE PRACTICE ACT** or of any dentist licensed under the **DENTAL PRACTICE ACT**, at a hospital or elsewhere.

In the absence of parent or guardian, the above mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization will remain effective while the above minor is in the care of **VALLEY CHRISTIAN FELLOWSHIP** from the dates _____ through and including _____ unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

First aid and non-prescription medication will be administered at the adult leader's discretion, with the following exceptions: _____.
Medication that the above mentioned minor is required to take will be turned over to the adult leader in charge of the group.

Type of medication and specific instructions: _____

Allergy, including reactions to medication: _____

Activity restrictions: _____

Additional information that the adult leader should be aware of: _____

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

DATE

PHONE NUMBER

PARENT OR GUARDIAN ADDRESS

INSURANCE COMPANY OF PARENTS/GUARDIANS

POLICY NUMBER