Grace
COMMUNITY CHURCH OF RIVERSIDE
To take Jesus Christ to lost people, and lost people to Jesus Christ.

Permission, Waiver of Liability and Medical Consent Form

Minor Child's Name: _____   Birth Date: _____

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

Address: _____
          (STREET)   (CITY)   (ST)   (ZIP)

Permission & Liability Waiver

I, the parent/legal guardian, do hereby give permission for my child to participate in activities, trips, outings, regular and special events, including such that require travel, and do herby release, indemnify and hold forever harmless Grace Community Church (GCC), and any paid and/or volunteer representative of GCC, or their assigns, against loss from any and all claims, demands or actions in law or in equity that may hereafter be made or brought by the said minor child or by anyone on behalf of said minor child for the purpose of enforcing a claim for damages on account of any injury, accident, or fatality incurred in consequence of any injury, accident or incident that may be sustained by said minor child en route to, during, or from any church-related activity in which my child participates.

Medical Release

I, the parent/legal guardian, herein authorizes the adult leader/sponsor of any GCC activity or any responsible adult person bearing this written authorization into whose said care the above mention minor child has been entrusted to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the California Medicine Practice Act, and to consent to an x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the California Dental Practice Act. **(CALIFORNIA CIVIL CODE SECTION 25.8 – AUTHORIZATION OF MEDICAL TREATMENT OF MINORS)**

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 supervision to give specific consent to mentioned physician or dentist in the exercise of their advised judgments.

These authorizations shall remain effective indefinitely, unless revoked in writing delivered to the aforementioned adult leader/sponsor of GCC.

Insurance & Medical Information

Allergies: _____

Special Health and/or Medication Instructions: _____

_____

_____

Insurance Company: _____   Policy # _____

_____   _____
Signature of parent/legal guardian   **Date**