

PARENT/GUARDIAN CONSENT FORM

(A Separate Form Must Be Filled Out For Each Family)

I, _____, am the parent or legal guardian of the below named child/children, and am informed of the activities offered by _____, Saron Lutheran, Escalon Presbyterian & Escalon United Methodist Churches, (*hereinafter "Vacation Bible School or VBS, church, camp, etc."*) located at,

1742 North Street, Escalon, California, County of San Joaquin.

As the parent or legal guardian of my child/children, I hereby consent for my child/children to attend and participate in all activities (*except those specified below*) provided by this Vacation Bible School, beginning, June 21 and ending June 25, 2010.

Child _____ Age _____ Completed Grade _____

Child _____ Age _____ Completed Grade _____

Child _____ Age _____ Completed Grade _____

Child _____ Age _____ Completed Grade _____

Child/Children To Participate

Special Needs/Allergies/Extra Information/Or Exclude From Certain Activity

Parent/Guardian Contact Information

Name _____

Address *(Street)* _____ *(Town)* _____

Home phone _____ Work Phone _____

Other phone if applicable _____ Cell Phone _____

Signature of Parent or Guardian _____

AUTHORIZATION FOR MEDICAL TREATMENT

(A Separate Insurance Authorization Must Be Filled Out For Each Child Listed on Registration Form)

I, _____, am the parent or legal guardian of _____ (hereinafter "my child"), who was born on _____.

My child is attending and participating in activities at Saron Lutheran Church (hereinafter "Vacation Bible School also know as VBS) located at: 1742 North Street, Escalon, California, County of San Joaquin, beginning on the day of June 21 and ending on June 25, 2010.

I hereby authorize the Pastors and their officers, agents, volunteers, or employees that are 18 years of age or older, who supervise the activities at this Vacation Bible School into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Pastors and their officers, agents, volunteers, or employees that are 18 years of age or older, who supervise the activities at this Vacation Bible School to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Pastors and their officers, agents, volunteers, or employees that are 18 years of age or older who supervise the activities at this Vacation Bible School.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Dated: _____, 2010

INSURANCE INFORMATION

Medical/Health Insurance Company _____

Insurance Policy No. _____

Incase of emergency, notify: _____ (relationship)

Phone (Home) _____ (Work) _____ (Cell) _____

Allergies/Allergic reactions of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know _____

Signature of Parent or Legal Guardian: _____