

# Permission and Authorization to Treat Minor and Wavier of Responsibility

Sierra Presbyterian Church  
175 Ridge Road  
Nevada City, CA 95959  
(530)265-3291 [www.sierrapres.com](http://www.sierrapres.com)

This statement, completed and signed by parent or guardian, is required for all minor participants in church-related youth group activities.

Good for one year: May 31, 2013 to May 31, 2014

Student Information: (please print) Name \_\_\_\_\_

Grade level for 2013/2014 School Year \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Permission

I (We) the parent(s) or legal guardian(s) of \_\_\_\_\_ a minor, hereby give permission for his/her participation in youth group activities during the period given above. I (We) agree to direct my (our) child to cooperate and conform to the directions and instructions of personnel responsible for the youth activities.

## Authorization

I (We) the undersigned parent(s) or legal guardian(s) of the above named child, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his/her best judgement. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that none of the above treatment will be withheld if the undersigned cannot be reached.

*This authorization is given pursuant to the provisions of Section 25.8 of the California civil Code.*

## Waiver

In addition to the foregoing authorization and in consideration of the benefits to be derived from participation in church activities, I (We) waive on my (our) behalf and on the behalf of the above named individual, all claims from ordinary negligence which I (We) may hereafter have on my (Our) behalf and on behalf of the above named individual against the Sierra Presbyterian Church of Nevada City, its staff members and its leadership volunteers arising from the events sponsored by the Youth Groups of the Sierra Presbyterian Church of Nevada City during the year from which this authorization and waiver has been given.

*This waiver is given pursuant to Section 1668 of the California Civil Code*

I (We) agree that in the event my (our) child is injured as a result of his/her participating in any event governed by this document, including transportation to and from such event, through the negligence (active or passive) of the church, or any of its agents or employees, recourse for the payment of any resulting hospital, medical insurance, or any available benefit plan of mine or of my spouse.

## Use of Photograph or Video of you or your Child

I (We) have been notified by this document that Sierra Presbyterian Church may use a photograph video and/or audio recording of me or my child in future publications, web pages and other promotional materials produced, used by and representing SPC. I understand that if I want to opt out of having pictures, video or audio of me or my child used I need to contact the church by email ([cecilia@sierrapres.com](mailto:cecilia@sierrapres.com)) or in writing to the church office (175 Ridge Rd. Nevada City, CA 95959).

**Health-related Information**

\_\_\_ My son/daughter has no health-related impediments to full participation in youth group trips, events or activities.

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Please specify:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Youth group leaders, using discretion, have my permission to provide my son/daughter with over-the-counter medicine (for colds, pain, motion sickness, diarrhea, etc.).

\_\_\_ My son/daughter is not know to be allergic to any medication.

\_\_\_ My son/daughter is allergic to the following medication(s):

\_\_\_\_\_

\_\_\_ My son/daughter is allergic to \_\_\_ bee stings \_\_\_ poison oak \_\_\_ Other (please specify)

\_\_\_ My son/daughter wears contact lenses.

I (We) understand that all medication prescribed by a physician brought by my son/daughter on or to a youth group trip, event or activities must show the following: date prescribed, name and address of doctor, dosage, purpose, and name of patient. Medications must be surrendered to the youth group leadership for safekeeping unless other arrangements are made in advance.

**Parent/Guardian Signature**

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print \_\_\_\_\_

**Parent/Guardian Signature**

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print \_\_\_\_\_

**Additional Emergency Numbers**

Name \_\_\_\_\_ Phone \_\_\_\_\_