

Medical Release/Consent Form

Centerpoint Church, 24470 Washington Ave., Murrieta CA 92562 951-696-1002

As the Parent/Guardian of _____.
I give permission for my child to attend **Summer School of Worship – July 29, 2013 through August 2, 2013.**

During the traveling and attendance of this event, I HEREBY AUTHORIZE THE ADULT LEADERS OR STAFF MEMBERS of Centerpoint Church CONSENT TO THE FOLLOWING MEDICAL TREATMENT: Parents will be notified immediately if any emergency should happen.

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code, Section 2000 et seq or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of Dental Practices Act, California Business and Professions Code, Section 1600 et seq.

This Authorization is given pursuant to the provisions of Section 25.8 of the civil code of California. This authorization shall remain effective until my child completes his/her activities in this program, unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service of treatment provided which is not covered by the Centerpoint Church Insurance Program.

Date _____

Signature of Parent/Guardian _____

Home Number _____

Cell Number _____

Health Insurance Provider _____

Policy/Card# _____

Please notate any special health needs, allergies or medications also a yes or no to basic painkillers for headaches, fevers, allergies, colds and coughs:

Tylenol YES NO

Advil YES NO

Antihistamines YES NO

Cough/Cold YES NO