# Beach Bible Church
## VBS PARENT PERMISSION-RELEASE FORM

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR: Today's Date _____

(I) (We) the undersigned, parent(s) of _____ a minor, do hereby authorize Beach Bible Church Leadership Team as agent(s) for the undersigned to consent to 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 surgeon licensed under the provisions of the Medicine Practice Act whether such a diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required but it is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I also give my permission for my child to be transported to and from camp(s) and other activities by employees, volunteers, etc. driving on behalf of the church with the church's express knowledge and authorization.

This authorization is given pursuant to the provisions of Section 25.B of the Civil Code of California. The authorization shall remain effective through July 15, 2017.

_____ _____ _____
Signature of parent or legal guardian Printed name of parent or legal guardian Date

_____
Phone number of legal guardian

In the event that neither the parent or guardian can be reached who else would you like to have called?

Name #1 _____ Phone _____

Name #2 _____ Phone _____

DOCTOR: _____ Phone _____

MEDICATION(S): _____
Indicate medication(s) taken on a regular basis

ALLERGIES: _____

PRIMARY INSURANCE CARRIER: _____ POLICY NO: _____

OTHER INFORMATION OR INSTRUCTIONS: _____

_____

_____

ORIGINAL SIGNED DOCUMENT WILL REMAIN IN THE OFFICE OF BEACH BIBLE CHURCH. A PHOTOCOPY WILL BE VALID FOR ALL ACTIVITIES.