

# Parent Permission-Release Form Chorus Church Student Ministries 2011

Chorus Church  
29930 Hunter Rd. Ste. 105, Murrieta, CA 92596

## Student Information

Name \_\_\_\_\_ A d d r e s s  
 \_\_\_\_\_  
 Birth date \_\_\_\_\_ Grade \_\_\_\_\_ City \_\_\_\_\_ State  
 \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone # (\_\_\_\_) \_\_\_\_\_ E v e n i n g P h o n e #  
 (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ A d d i t i o n a l C o n t a c t #  
 (\_\_\_\_) \_\_\_\_\_

Authorization of Consent to Treatment of Minor: I(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize Chorus Church student ministry leaders 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 specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such 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, treatment, or hospital care being required, and 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.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s). Each additional trip other than Saturday, Sunday and Wednesday youth meetings must be initialed by parent/guardian to ensure that the information on this document is still true and correct.

Release of the Chorus Church of Winchester, Ca

\_\_\_\_\_ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Chorus Church of Winchester, CA and its affiliate corporations (C&MA), its agents, servants, employees, officers, and directors from any other sums which the Chorus Church of Temecula Valley, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of real or personal property belonging to the Chorus Church of Winchester, CA and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by \_\_\_\_\_ (child's name).

Day Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Evening  
 (\_\_\_\_) \_\_\_\_\_  
**P a r e n t s / G u a r d i a n E m a i l A d d r e s s**

Other Emergency Contact \_\_\_\_\_ Phone  
 (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone  
 (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ If not insured please  
 check here \_\_\_\_\_  
**P o l i c y # , o r G r o u p #**

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**Known Medical Conditions**

\_\_\_\_\_ **M e d i c a t i o n ?**

\_\_\_\_\_ **A l l e r g i e s ?**

\_\_\_\_\_ **Last Tetanus Immunization? \_\_\_\_\_ Contact Lenses?**

\_\_\_\_\_ **Will Allow Blood Transfusions? (Check) YES \_\_\_\_\_ NO \_\_\_\_\_**  
**O t h e r**

\_\_\_\_\_ **Parent/Guardian (signature) \_\_\_\_\_ Date**