



# 2017 MINOR MEDICAL INFORMATION, CONSENT & RELEASE

## MINOR'S MEDICAL, DENTAL AND INSURANCE INFORMATION

Minor's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Plan/Group #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Plan/Group #: \_\_\_\_\_

On the line below, please list any health restrictions and/or known allergies: **Use back of form if more room is needed.**

**The above health history is true and complete to the best of my knowledge. Read and Initial Here:** \_\_\_\_\_

## PARENT OR GUARDIAN CONTACT INFORMATION

Primary Parent/Guardian Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Parent/Guardian Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CONSENT AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As the parent/legal guardian of \_\_\_\_\_, I hereby give my consent that in my absence and ability to be reached by telephone the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

## RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, the Parent or Legal Guardian of the above-named child, give my permission for participation in the programs/events of Faith Community Church. I understand these programs/events occur both on and off the church campus. I hereby remise, release and forever discharge Faith Community Church, its employees, agents, volunteers and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or action which might happen while participating in programs/events. I further understand that there is no accident or medical insurance coverage furnished by Faith Community Church for such programs/events. I acknowledge that I am responsible for any and all medical expenses including but not limited to deductibles, prescription drugs or medical services for the above noted minor while participating in all programs/events during the 2017 calendar year, and agree to hold harmless Faith Community Church of any and all liability that may arise out of such participation.

Any event or program at Faith Community Church is a public event and there is no privacy implication. Therefore, Faith Community may use your child's picture or video recording for educational and/or marketing purposes. However, if you **DO NOT** want any photos or video of the above-named minor posted on the Church's website, Facebook or any other social media site, please initial here: \_\_\_\_\_.)

**As parent/legal guardian it is my responsibility to inform Faith Community Church if any of the above information changes throughout the 2017 calendar year. I have carefully read this consent to treatment of minor and release of liability agreement between parent/guardian and Faith Community and sign it of my own free will.**

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

