

Medical Information and Release- Jr. High & High School

Oak Tree Community Church, P.O. Box 581105

Elk Grove, CA 95758

Child's Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Date of Birth: _____

Authorization of Consent to Treatment of Minor- January 1, 2017 – Dec. 31, 2017

(I) (We) the undersigned parent(s) of _____, a minor, do hereby authorize Oak Tree Community Church's Youth 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, but 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.

Release of Oak Tree Community Church- January 1, 2017- Dec. 31, 2017

_____ (Parent/Guardian name) shall indemnify, hold free and harmless, assume liability for, and defend Oak Tree Community Church and it's affiliate corporations, its agents, servants, employees, officers, and directors from any costs and expenses including but not limited to, attorneys fees, reasonable investigative and discovery costs, court costs, and all other sums which the Oak Tree Community Church, assertion of liability, or any other claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to Oak Tree Community Church and its affiliate corporations, its agents, employees, officers, and directors, or by action or omission by _____ (child's name).

Parent/Guardian Signature _____ Date Signed _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Other Emergency Contact: _____ Phone () _____

Primary Doctor _____ Phone () _____

Insurance Company _____ Policy # _____

Known Medical Conditions _____

Medication(s) _____ Allergies _____