

CHRIST FIRST BAPTIST CHURCH
200 NORTH SECOND AVE., COVINA, CA 91723

AUTHORIZATION AND CONSENT TO TREAT MINOR
PURSUANT TO CALIFORNIA CIVIL CODE, SECTION 25.8

Name of Participant

Date of Birth

The undersigned do hereby authorize CHRIST FIRST BAPTIST CHURCH OF COVINA, its PASTORS OR THEIR REPRESENTATIVES as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the MEDICINE PRACTICE ACT or of any dentist licensed under the DENTAL PRACTICE ACT, at a hospital or elsewhere.

In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization will remain effective while the above minor is in the care of:
CHRIST FIRST BAPTIST CHURCH OF COVINA, ITS PASTORS OR THEIR REPRESENTATIVES.

First aid and non-prescription medication will be administered at the adult leaders' discretion, with the following exceptions.

Medication that the above-mentioned minor is required to take will be turned over to the adult leader in charge of the group. Type of medication and specific instructions:

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Allergy, including reactions to medication: _____

Activity/Diet restrictions: _____

Additional information that the adult leader should be aware of: _____

Immunization: Date of last Tetanus shot _____

Physician _____ Phone (_____) _____

Insurance _____ Policy # _____

Father or Guardian

Mother or Guardian

Date

Witness

Parent or Guardian's Address

(_____) _____
Home Phone

(_____) _____
Other Phone