SAN FERNANDO VALLEY HOLINESS CHURCH PARENT RELEASE FORM

PARENTAL/GUARDIAN RELEASE FORM FOR YOUTH UNDER 18 YEARS OF AGE FOR ALL EVENTS SPONSORED BY THE SAN FERNANDO VALLEY HOLINESS CHURCH YOUTH MINISTRY. Duration: For any and all events taking place up to the date December 31, 20____ .

Name: _____Birthdate:____/____/____Age/Grade: _____

Address: _____City: _____Zip Code_____ Phone: _____

Father's Name (or guardian) _____Work Phone:_____

Mother's Name (or guardian)_____ Work Phone:_____

In Case of Emergency call (name):_____Phone: _____

DOCTOR: _____ PHONE: _____

MEDICAL INSURANCE CO:_____ POLICY#_____

Health History:

Date of Last Tetanus Shot _____ Medications presently taking:_____

____ Insect Stings ____ Drugs ____ Epilepsy ____ Physical Handicap

____ Heart Condition ____ Asthma ____ Diabetes ____ Frequent Colds

____ Allergies ____ Other: _____

If any of these areas are checked, please give details:_____

My child may not be given: (Circle) Aspirin Tylenol Advil Pepto Bismol Other_____

I (We) the undersigned parent(s) of the above named minor do hereby authorize the staff of San Fernando Valley Holiness Church as agents for the above named to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital, whether diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of a specific diagnosis, treatment, or hospital care being required but is given to provide authority of all diagnosis, as an exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (our) above named agents upon the completion of treatment. This authorization is given pursuant to Section 1283 Health and Safety Code of California.

_____ _____

Date Parent or Guardian's Signature

_____ _____

Date Parent or Guardian's Signature (Second Signature Optional)

For any additional information please call Grace Cheng at (818) 366-2694 or a member of the San Fernando Youth Ministry Staff.