



Trinity Episcopal Church

2400 N. Canal Street • Orange, CA • 92865 (714) 637-1390

CHILDREN & YOUTH ACTIVITIES PERMISSION FORM

PARTICIPANT INFORMATION:

Name: _____

Address: _____

Home phone: _____

Date of Birth: _____ Current age: _____

PARENTAL INFORMATION:

Mother: _____ Cell Phone (mother): _____

Father: _____ Cell Phone (father): _____

Other legal guardian (if applicable): _____

Relationship: _____ Cell Phone (other): _____

IN CASE OF EMERGENCY:

Trinity Episcopal Church makes every effort to provide a safe and secure environment for your child during our event. In order to better to protect the safety and health of your child, we request that you provide the following information:

In case of an emergency, Trinity Episcopal Church will contact the parent(s) listed above. We request that you provide another contact (not living at the same address) who is authorized by you to act on your behalf should you not be available.

EMERGENCY CONTACT:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to participant: _____

PERMISSION NOTICE :

My child _____ has permission to participate in Trinity Episcopal Church related activities for one (1) year from this date, _____, 20____.

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant this permission.

➔ _____

(Parent's Signature) _____ Date

Photographs from Trinity Episcopal Church activities may be taken and posted on www.trinityorange.org or used for publicity purposes. I give my permission for my child's photograph to appear in these venues.

➔ _____

(Parent's Signature) _____ Date

HEALTH AND MEDICAL INFORMATION

Family Physician: _____
 Phone Number: _____
 Insurance Company: _____ Policy Number: _____

PARENTAL CONSENT & AUTHORIZATION TO TREAT A MINOR

I, _____, am the parent or legal guardian of _____ hereinafter, "my child", who was born on _____.

My child is attending and participating in activities at/with Trinity Episcopal Church (hereinafter, "camp," "church," "school," etc.), located at 2400 N. Canal Street, Orange, County of Orange, and State of California. This consent & authorization to treat a minor shall remain in effect for one (1) year from this date, _____, 20____.

I hereby authorize the Youth Director and their volunteers, agents, servants, or employees who are 18 years of age or older, who supervise the activities with this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Youth Director and their volunteers, agents, servants, or employees who are 18 years of age or older, who supervise the activities with the church to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Youth Director and their volunteers, agents, servants, or employees who are 18 years of age or older who supervise the activities with this church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and their authorized designee, in exercising their best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.


Date
Signature of parent or legal guardian
Printed Name of parent /guardian

Date of child's last tetanus shot: _____

Allergies to drugs or food and allergic reaction of my child:

Medicine being taken by my child:

Other information regarding my child's health that a doctor should know:

List any medical conditions and/or restrictions: