

First Baptist Church of Los Osos
Youth Ministry Medical Release Form

Students Name: _____

Age: _____ Birthday: ____/____/____ Grade in School: _____

Parent(s)/ Guardian(s) Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Name and Number: _____

I/We the undersigned parent(s) or Guardian(s) of _____ do hereby authorize First Baptist Church of Los Osos as agents for me/us to obtain medical treatment for above mentioned child as a result of accident or injury when participating in any church related activities. The consent includes x-ray exams, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by and is to be rendered under the general or special supervision of any physician or at said hospital. The authorization is given pursuant of the provisions of section 25.8 of the Civil Code of California.

I/We, as Parent(s) of Legal Guardian(s), as primary carriers do assume all cost for necessary medical treatment as needed and allowed in this authorization form. In order to simplify this process, our

Insurance carrier: _____

Plan or policy number: _____

I/We, hereby further authorize any hospital which has provided treatment to the above minor to surrender physical custody of such minor to the above-named agent upon completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

Child's Primary Physician: _____

Allergies (Food/Medication): _____

Special Medical Conditions: _____

Please note any special instructions or issues we should be aware of (i.e. behavioral, social, psychological, family, etc.)

Date: _____ Parent/Legal Guardian Signature: _____