

**MEDICAL INFORMATION OF MINOR**

Insurance Company: \_\_\_\_\_

Claim Office/Agent's Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Where Parent/Guardian can be reached: Work phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Special Medical conditions of minor to include allergic reactions and medications currently prescribed:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name

Physician's Street

Physicians Phone Number

Physician's City/State/Zip code

**CIVIL CODE OF CALIFORNIA, SECTION 25.8**

**“Either parent if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.”**

**HEALTH AND SAFETY CODE, SEC. 1283(a)**

**“No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child’s parent or the person having legal custody of the child.”**

**RIVERVIEW CHURCH**  
**PARENTAL AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR**

_____ (Name of Parent/Guardian)	_____ (Name of Student/Minor)
_____ (Address of Parent/Guardian)	_____ (Address of Student/Minor)
_____ (Phone Number of Parent/Guardian)	_____ (Phone Number of Student/Minor)
_____ (Alternate Phone Number of Parent/Guardian)	_____ / _____ / _____ (Gender) (Birthdate) (Grade)

The above-named parent or legal guardian of the minor does do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exorcise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment shall not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of the section 25.8 of the Civil Code of California.

The parent hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the minor to the agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety code of the State of California, similar provisions of the laws of the State of Country in which the medical or dental care is being provided.

The parent voluntarily holds free from any and all liability, and waive any claim, costs and expenses against Riverview Evangelical Free church, its employees and agents, that might arise from injury of my child due to his/her participation at the aforementioned activity.

These authorizations shall remain in effect until revoked.

Dated: \_\_\_\_\_  
(Parent/Guardian)