



# JAN. 2020 TO DEC. 2020 AUTHORIZATION FOR MEDICAL TREATMENT

(Conformed as to California Law)

I, \_\_\_\_\_, am the parent or legal guardian of

PARENT OR GUARDIAN OF MINOR

\_\_\_\_\_ (hereinafter "my child"), who was born on

NAME OF MINOR

DATE OF BIRTH

My child is attending and participating in activities at INLAND VINEYARD CHRISTIAN FELLOWSHIP (hereinafter "this camp", "church", "school", etc.) located at: INLAND VINEYARD CHRISTIAN FELLOWSHIP in the city of CORONA, County of RIVERSIDE, and the State of CALIFORNIA, throughout Jan. 2020 to Dec. 2020.

I hereby authorize the INLAND VINEYARD CHRISTIAN FELLOWSHIP, Youth Directors, and their officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this INLAND VINEYARD CHRISTIAN FELLOWSHIP EVENT, 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 INLAND VINEYARD CHRISTIAN FELLOWSHIP, Youth Directors, and their officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this INLAND VINEYARD CHRISTIAN FELLOWSHIP EVENT, 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 INLAND VINEYARD CHRISTIAN FELLOWSHIP Youth Directors, and their officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this INLAND VINEYARD CHRISTIAN FELLOWSHIP EVENT.

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 or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist and surgeon, may deem advisable.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

### Additional Information:

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Home Phone # Work Phone # Emergency Phone/Cell #s

\_\_\_\_\_  
Primary Parent's Email Address Additional Parent/Alternate Email Address

\_\_\_\_\_  
Medical/Health Insurance Company Insurance Policy No.

\_\_\_\_\_  
In case of emergency, notify Relationship to Minor

\_\_\_\_\_  
Allergies/Allergic reactions of my child

\_\_\_\_\_  
Medicine being taken by my child

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