

# Sequoia Christian Academy

1213 12th Avenue  
Delano, CA 93215  
661-721-2721

## Consent To Treat A Minor

Child's name \_\_\_\_\_ Class/ Grade \_\_\_\_\_

The undersigned parent(s) or legal guardian of \_\_\_\_\_, a minor, hereby authorize, in case of emergency, a representative of Sequoia Christian Academy, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the provisions of the Medical Practice Act or the Dental Practice Act. 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 or dentist in the exercises of his or her best judgment may deem advisable. It is understood that every effort will be made to contact the undersigned prior to rendering treatment to a patient, but that the above treatment will not be withheld if the undersigned cannot be reached. It is also understood that it is the parent's responsibility to carry medical insurance on the minor. This authorization is given to the provision of Section 25.8 of the Civil Code of California.

Parent/ Legal Guardian signature \_\_\_\_\_

## Authorization For Activities Off The School Grounds

I hereby consent to have my child participate in field trips supervised by the teaching staff of Sequoia Christian Academy away from the school grounds. It is my understanding that I will be notified ahead of time by a note brought home by my child. It is further understood that I may be asked to pay an admission and/or transportation fee for the field trip. Realizing that the driver and school staff will take every precaution to insure the safety of all those in their care, I hereby waive all claims against Sequoia Christian Academy of any injury incurred by my child. In case of medical emergency, see "Consent To Treat A Minor" above.

Parent/ Legal Guardian signature \_\_\_\_\_

\_\_\_\_\_  
Father or Legal Guardian Place of Employment Work Phone Number

\_\_\_\_\_  
Mother or Legal Guardian Place of Employment Work Phone Number

\_\_\_\_\_  
Home Address Home Phone Number

\_\_\_\_\_  
City State Zip Code Child's Date of Birth

\_\_\_\_\_  
Allergies Date of Last Tetanus Booster

I give my permission for Tylenol to be administered to my child: Yes \_\_\_\_\_ No \_\_\_\_\_

Persons other than parent(s)/Legal Guardian(s) to be called in case of emergency or when a child needs to be picked up:

\_\_\_\_\_  
Name Relationship to Child Phone Number

\_\_\_\_\_  
Name Relationship to Child Phone Number

\_\_\_\_\_  
Parent Signature Date