

**WAIVER AND CONSENT OF PARENT
AND AUTHORIZATION TO TREAT A MINOR**

Date: _____

I (we) the undersigned parent(s), or legal guardian of _____, minor participant, do hereby authorize any leaders for Christ Reformed Church to authorize and consent any x-ray examinations, anesthetic, medical or surgical diagnosis rendered under the general or special 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 provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment, may to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Further, the undersigned agree that Christ Reformed Church, its agents, employees, successors, and affiliates shall be held harmless from any liability for damages to person or property to the minor named herein that might arise out of, enroute to, enroute from, while in residence, or as a result of any involvement or participation in activities sponsored by Christ Reformed Church.

In exchange for the privilege of participating in activities sponsored by Christ Reformed Church, I hereby indemnify and hold harmless Christ Reformed Church, and the employees and associate staff of Christ Reformed Church from any liability and expense incurred as a result of participation.

The following must be filled out completely and signed. No student is permitted on any activity without this form on file.

Student's Full Name: _____ Phone: _____

Birth date: _____ Last Tetanus Toxoid Booster: _____

Please list all allergies to drugs or goods: _____

Please list any and all special medications or pertinent information: _____

Telephone/Cell phone numbers where parents/guardian may be reached:

Father's Home #

Father's Work #

Mother's Home #

Mother's Work #

Family Physician: _____

Phone: _____

Address: _____ City: _____ State: _____

Zip: _____

Insurance Co: _____ Policy #: _____

List any restrictions: _____

_____ Date: _____

Signature of Father, Mother, or Legal Guardian, or participant if over 18 years of age

Address: _____ City: _____ State: _____ Zip: _____

This waiver of liability will remain in effective through the duration of participation with Christ Reformed Church unless revoked in writing by the undersigned and delivered to the aforesaid agent.

This form is to be completed and turned in to Christ Reformed Church, 900 South Sunkist Street, Anaheim, CA 92806 (714) 538-1057