VALLEY CHURCH STUDENT MINISTRIES	**2018-19 MEDICAL PERMISSION SLIP**
Last Name: _____	**First Name:** _____
Home Phone: _____	**Birthday:** _____

Address: _____

_____

_____

Parent/Guardian:_____

Emergency Contacts: _____ **Phone #:**_____

Email: Parent - _____

          Student - _____

Date of Last Tetanus Booster:_____

Health Problems: _____

_____

Drug Allergies or Other Allergic Reactions:_____

_____

Medication Presently Using (Name/Dosage/Purpose):_____

_____

Activities Restrictions or Chronic Ailments:_____

_____

Health Insurance Carrier: _____ **Policy #:**_____

Parents please read this:

(I, We) hereby give permission for my child to participate in the Student Ministries activities of the Valley Church. (I, We), the undersigned parent(s)/person having legal custody/legal guardianship of _____ _____. Minor (s), do hereby authorize the Valley Church as agent for hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 of power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnoses, treatment or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of her/his best judgment, deem advisable.

The authorization is given pursuant to the provision of Section 25:8 of the Civil Code of California.

(I, We) hereby authorize any hospital which has provided treatment to the above-named minor(s) pursuant to the provision of Section 25:8 of the Civil Code of California to surrender physical custody of such minor to (my, our) above named agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until December 31, 2019 unless sooner revoked in writing delivered to said agent(s).

SIGNATURE (PARENT/LEGAL GUARDIAN) _____   **DATE** _____