

EVANGELICAL FREE CHURCH, PLEASANTON
6900 Valley Trails Drive / Phone: (925) 462-4362 / www.pleasantonefc.org

VACATION BIBLE SCHOOL REGISTRATION AND AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/we, the undersigned, parent(s)/legal guardian(s) of the minors listed below, do hereby authorize the Pleasanton Evangelical Free Church VBS Leaders as agents for me/us to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under provisions of the Medical Practices Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or hospital. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/we, as parent(s)/legal guardian(s), as primary carriers, do assume all costs of necessary medical treatment as needed and allowed in this authorization form. Our medical insurance company is:

_____ Plan/policy number: _____

Physician's name: _____ Phone: _____ City: _____

I/we hereby further authorize any hospital which had provided treatment to the above minor to surrender physical custody of such minor to above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

I/we, also consent to the participation of the above minor in all VBS activities.

I/we assume all risks and hazards that are incidental to the conduct of these activities. I/we further agree to release, absolve, indemnify, and hold harmless the Pleasanton Evangelical Free Church and VBS Leaders of all legal responsibilities.

This authorization and consent is for all VBS activities during the **August 5 through 9, 2013** week of VBS.

Signed (Parent/Guardian): _____ **Date:** _____

Church (& City): _____ Attend church regularly? _____

Father: _____ Cell Phone: _____ Other Phone: _____

Mother: _____ Cell Phone: _____ Other Phone: _____

E-mail Address: _____

Street: _____ City: _____ Zip: _____

Other Emergency or Child Pick-Up Contact: _____ *Phone:* _____

Child 1: Name: _____ M / F Birthdate: _____ Grade: _____

Medications; food/drug allergies _____ Special Conditions: _____

_____ Medical Insurance No.: _____ Date of last tetanus shot: _____

Child 2: Name: _____ M / F Birthdate: _____ Grade: _____

Medications; food/drug allergies _____ Special Conditions: _____

_____ Medical Insurance No.: _____ Date of last tetanus shot: _____

Child 3: Name: _____ M / F Birthdate: _____ Grade: _____

Medications; food/drug allergies _____ Special Conditions: _____

_____ Medical Insurance No.: _____ Date of last tetanus shot: _____

HIGH POWER SOCCER AWANA VBS INFORMATION : Contact Brenda Sauter at (925) 484 -0496