

EPC YOUTH GROUP EVENT PARENT/GUARDIAN CONSENT FORM

Separate Form Per Child Please – Page 1 of 2

I, **(PARENT/GUARDIAN)** _____, am the parent or legal guardian of **(NAME OF MINOR)** _____ (hereinafter "my child"), and I am informed of the activities offered by Escalon Presbyterian Church, located at: 1612 First Street in the City of Escalon, County of San Joaquin and State of California:

Specifically, I am informed of the activities:

beginning on the day of **(DATE)** _____

and ending of the day of **(DATE)** _____

for the purpose of **(EVENT)** _____

located in the city of **(CITY)** _____, **CA.**

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Escalon Presbyterian Church for this event.

Additional Information to be noted:

My child is to be **excluded** from the following activities:

(PRINT NAME OF PARENT OR GUARDIAN)

(EMERGENCY PHONE #)



(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

Separate Form Per Child Please – Page 2 of 2

I, **(NAME OF PARENT OR GUARDIAN)**, _____ am the
parent or legal guardian of **(NAME OF MINOR)**, _____
(hereinafter "my child"), who was born on **(MONTH/DAY/YR)**_____.

I 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 agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

(PRINT NAME OF PARENT OR GUARDIAN)

(EMERGENCY PHONE #)



(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)