

EPC Youth Event Parent / Guardian Consent Form

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)	
ending on the day of (DATE)	
for the purpose of (EVENT)	
located in the city of (CITY, CA)	

Additional Information to be noted:

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My child is to be excluded from the following activities:

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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.

PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN PHONE:	
PARENT/GUARDIAN EMAIL:	
PARENT/GUARDIAN SIGNATURE:	
DATE:	

EPC Youth Event Medical Consent Form

I, (PARENT/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.

PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN PHONE:	
PARENT/GUARDIAN SIGNATURE:	
DATE:	