

**El Dorado County Federated Church (EDCFC)
Emergency Medical/Dental Release and Consent Agreement**

_____ has my/our permission to attend EDCFC youth meetings and outings between November 18, 2018 and December 31, 2019.

I (we) the parent(s) give permission for my child to be transported in a private car to and from events. I understand that drivers and chaperones will be members of EDCFC. Knowing that the utmost care and responsibility will be taken with the children, I understand that drivers, chaperones, and EDCFC will not be held liable in the unfortunate and unlikely event of an accident.

In the event of emergency my authorization of emergency treatment is provided below:

I (we) the undersigned parent(s) of _____

a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health, to operate a 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 and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil code of California.

SIGNATURES OF PARENT(S) OR GUARDIAN(S):

_____ DATE _____

_____ DATE _____

In the event that your child must return home before the event is over, or in case of a medical emergency, please provide telephone numbers where you can be reached.

Phone (_____) _____ or (_____) _____ or (_____) _____

Please list any restrictions, allergies, medications being taken, medical problems, special diet, physical or health limitations or other pertinent information so that appropriate arrangements can be made:

Recent stresses in child's life that would effect his/her participation: _____

INSURANCE INFORMATION:

Insurance Provider: _____ Policy # _____

Subscriber's Name: _____

Youth/Parent Information 2018/2019

Youth Name _____ DOB _____ Grade _____

Cell phone _____ Text Yes ___ No ___ Multimedia Text Yes ___ No ___

Email _____ Do you check email regularly? _____

Address _____

Clubs or Sports Involved In _____

Favorite type of music and favorite musicians _____

Parent Name _____ Cell phone _____

Text _____ (Y or N) Multimedia Text (group or pictures) _____

Email _____ Willing to check weekly? _____

Other phone or contact info _____

Parent Name _____ Cell phone _____

Text _____ (Y or N) Multimedia Text (group or pictures) _____

Email _____ Willing to check weekly? _____

Other phone or contact info _____

Parent Name _____ Cell phone _____

Text _____ (Y or N) Multimedia Text (group or pictures) _____

Email _____ Willing to check weekly? _____

Other phone or contact info _____

Parents/Volunteers: what would you be willing to help with?

_____ Meals/Snacks for Sunday meetings _____ Being additional adult at group meetings

_____ Driving for trips _____ Monthly Newsletter Creation

_____ Phone tree (calling just a couple of numbers) _____ Other: _____