

# AWANA MEDICAL AUTHORIZATION (2016-2017)



Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co. & Policy #: \_\_\_\_\_

**Having read the information below, my signature on this Medical Authorization Form constitutes my permission for the minor(s) below to participate in AWANA Clubs at Calvary Chapel Oakdale.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Child Name #1: \_\_\_\_\_ M/F: \_\_\_\_\_

Special Instructions/Allergies: \_\_\_\_\_

Child Name #2: \_\_\_\_\_ M/F: \_\_\_\_\_

Special Instructions/Allergies: \_\_\_\_\_

Child Name #3: \_\_\_\_\_ M/F: \_\_\_\_\_

Special Instructions/Allergies: \_\_\_\_\_

Child Name #4: \_\_\_\_\_ M/F: \_\_\_\_\_

Special Instructions/Allergies: \_\_\_\_\_

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## **AWANA Club Year (9/1/2016 through 5/31/2017)**

The parent/legal guardian of the minor child(ren) listed on this form, herein authorizes the adult sponsor of Calvary Chapel Oakdale for the above stated activities or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child(ren) has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor(s) under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Family Code Section 6910.

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 on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable.

This authorization will begin on 9/1/2016 and remain in effect until 5/31/2017 unless sooner revoked in writing and delivered to the church.

### **CALIFORNIA FAMILY CODE SECTION 6910 AUTHORIZATION OF MEDICAL TREATMENT OF MINORS**

Either parent (if both parents have legal custody), or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to 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 provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the provisions of the Dental Practice Act (Family Code 6901, 6902).