

PENINSULA COMMUNITY CHURCH

Medical Release Form

(One form per child)

Please Print Clearly

Name of Child _____
Last First

Date of Birth _____ Age _____ Grade _____

(I)(We), the undersigned, parent(s) of the above-named child, a minor, do hereby authorize the Ministry Leaders of Peninsula Community Church of Rancho Palos Verdes as agent(s) for the undersigned 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 special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at 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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through October 1, 2012, unless sooner revoked in writing delivered to said agent(s).

The insurance of Peninsula Community Church is co-insurance. Your family's individual insurance will be used first before the insurance of Peninsula Community Church.

Parent Signature _____ Date _____

Parent Name Print _____

Home Address _____ Home Phone _____

City _____ Cell Phone _____

State _____ Zip _____ Work Phone _____

Doctor _____ Phone _____

Insurance Company _____ Policy/ID Number _____

Allergies or Medical Conditions _____

Symptoms, Treatment _____

EMERGENCY CONTACT PERSON MUST BE SOMEONE OTHER THAN THE PARENT(S) OR GUARDIAN

Emergency Contact Name _____

Address _____ Home Phone _____

City _____ Cell Phone _____

State _____ Zip _____ Work Phone _____

PLEASE NOTIFY THE CHURCH OFFICE IMMEDIATELY OF ANY CHANGES IN ANY OF THE ABOVE INFORMATION.
pccmoses/children/medicalforms