

**Peninsula Community Church
Youth Medical Release and Permission Form**

Name of Minor _____

Age _____ Grade _____ Date of Birth _____

I am the parent/guardian of the above student, and I give permission for Minor's full and complete participation in the youth ministry of Peninsula Community Church and any of its special events through October of 2007.

(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 15, 2007, unless sooner revoked in writing delivered to said agent(s). The insurance of Peninsula Community Church is co-insurance; the insurance of the family will be used before the insurance of the church.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Employment _____

Employment Address _____ Phone _____

Doctor _____ Phone _____

Insurance Company _____ Policy/ID Number _____

Allergies or Medical Conditions _____

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

Emergency Contact Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

PLEASE NOTIFY THE CHURCH OFFICE IMMEDIATELY OF ANY CHANGES IN ANY OF THE ABOVE INFORMATION.