

FREEDOM CHRISTIAN SCHOOL PARENT CONSENT FORM

I hereby give my son/daughter, _____ (name of child)
permission to participate in the following school activity:

Activity:

Date:

Teacher/Chaperone(s): FCS staff

Time:

Cost:

Consent for Emergency Medical Treatment

California Civil Code Section 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit:

Either parent, or guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis and/or treatment and hospital care to be rendered to said minor under general or special supervision and advice of a physician and surgeon licensed under the provisions of the medicine practice act, or to x-ray examinations, anesthesia, dental and /or surgical diagnosis or treatment and hospital care to said minor by a dentist licensed under the provisions of the dental practice act.

Authorization

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize _____ (*name of teacher/chaperone who is entrusted with the care of my son/daughter*) to procure medical, hospital, or dental care for my son/daughter _____ (*name of son/daughter*) in the event of injury or illness.

I understand and agree that I am financially responsible for any care so procured.

The telephone number where I can be reached during this activity:

The name of a friend or relative whom I designate to give necessary authorization in the event I cannot be reached:

The telephone number of that friend or relative.

Parent Signature: _____ *Date:* _____