

WOODCREST CHRISTIAN MIDDLE SCHOOL

Consent To Participation Of Student In Activity(ies) Authorization And Consent To Medical/Dental Care Waiver Of All Rights And Claims Against School Regarding Activity(ies)

I hereby give consent for _____ to participate in, the following event(s)/activity(ies):
Student Name

and all related activities (herein referred to as activity(ies) connected with the Woodcrest Christian School System (herein referred to as School);

7TH GRADE THANKSGIVING SERVICE DAY

Type of activity(ies): _____
Date(s) of activity(ies) **SAN BERNARDINO CITY MISSION/JOHN'S INCREDIBLE PIZZA - NOVEMBER 10TH 8:25AM-2:45PM**

I hereby grant to School and their employees and agents the full power, authority, and right while the student(s) are in School's care or supervision to consent and/or authorize any medical or dental examination, diagnosis, treatment, x-ray, anesthetic, prescriptions, surgery, hospital care, transportation, or any other medical or dental treatment, care, service, or procedure done under the care and advice of a person duly licensed to perform such acts (all such actions herein referred to as "care"). They shall have the full power, authority and right to authorize such care to the same extent as I would as parent(s) and pursuant to the same information, procedures, provisions, circumstances, and other matters that I would be entitled to as parent with the same discretion and authority. I hereby assume all financial responsibility and agree to pay for all such care. This authorization is further given pursuant to the provisions of Section 25.8 of the Civil Code of California and all other applicable laws.

I hereby authorize any hospital or health care professional which has provided care to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to said adult(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and any other applicable laws.

I hereby agree to indemnify and hold School, and all its agents, employees, officers, directors and all others connected with or related to School, free and harmless from any injury, loss, damage, claim or other detriment or adverse consequences regarding or related to any care provided or not provided student. I also hereby waive all claims and rights against School and its agents, employees, officers, directors and all others connected with or related to School for any injury, accident, illness, death, and all other loss, damage, claim or other detriment or adverse consequences resulting from or regarding such activity(ies) and all related and associated activities and occurrences.

I hereby sign this authorization not only on behalf of myself but also for, on behalf of, and as agent for any other parent or legal guardian of said student and certify that the undersigned has the full legal custody, control, care, power, authority and right to agree to all these things without the need for consent or agreement from any other person(s).

These authorizations shall remain effective until revoked in writing.

The undersigned declares and certifies under penalty of perjury under the laws of California and any other state that the above is true and correct and within my own personal knowledge.

HEALTH INFORMATION

Please list medications your child is currently taking: _____

In case of emergency, please notify _____ Phone No. _____

Date: _____ Signature: _____
Parent/guardian