



**SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS**
1535 E. Chevy Chase Drive
Glendale, CA 91206
(818) 546-8415; Fax (818) 546-8475

**PARENTAL PERMISSION AND
ASSUMPTION OF RISK FORM**

I, _____ (printed name of parent or legal guardian) am the parent or legal guardian of _____ (printed name of minor), referred to as "my child."

My child wishes to and I consent and give permission for my child to participate in the function listed below. The function is sponsored and supervised by the _____ Seventh-day Adventist Church, an organization which is a part of the Southern California Conference of Seventh-day Adventists.

I understand that this consent and permission shall extend to related activities and, if necessary, for the transportation of my child to and from the function site. I have been given the opportunity to ask questions of the supervisors of this function.

My child and I further understand and assume the risk of injury (including death) to my child due to the inherent risks of these activities. I have signed an Authorization for Medical Treatment form and completed the Health and Emergency Information Supplement for my child.

The function which is the subject of this consent and for which I am giving my child permission to participate in is:

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| Sponsoring Organization: |
| Name and location of function: |
| Date and times of function: |
| Examples of activities related to the function: |
| How to contact the event supervisor during the function:. |

Signature of parent or guardian

Date signed

City and State where signed

Signature of minor (if over 12 years old)

Date signed

City and State where signed



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AUTHORIZATION FOR MEDICAL TREATMENT FOR MINORS

I, _____ (printed name of parent or guardian) am the parent or legal guardian of _____ (printed name of minor), referred to as "my child."

My child is attending and participating in activities at _____ Seventh-day Adventist Church, a part of the Southern California Conference of Seventh-day Adventists, located at _____

I authorize the Pastor and his or her church officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities of this organization into whose care my child has been entrusted, to consent to medical or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any radiological (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 California laws or equivalent statutes of other states, for my child.

I further authorize the Pastor and his or her church officers, agents, servants, or employees who supervise the activities of the organization to receive physical custody of my child, under Section 1283(a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender custody of my child to the Pastor and his or her church officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at this organization.

I understand that this authorization is given in advance of any diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the Pastor and his or her authorized designee, to exercise his or her best judgment on what is advisable for my child's care, with advice of such physician, dentist and surgeon. A photocopy of this shall be as valid as the original. This Authorization shall remain valid until revoked in writing.

The attached information sheet contains the complete and accurate health and emergency information and is for assistance in providing health care to my child.

Signature of parent or guardian

Date signed

City and State where signed

Photo Release Form

Please fill out and sign the appropriate statement to either give or decline permission to use pictures of your children on the church website and/or for other church publicity.

To GRANT permission to use your child/children's pictures:

I, _____ (please print your name) GRANT permission for the Camarillo Seventh-day Adventist Church to publish photos of my child(ren), _____ in the church's various forms of publication, or on the church's website. I give the Camarillo Seventh-day Adventist Church the perpetual, royalty-free right to use my photo(s) in any manner including, but not limited to, publications and websites. I further state that I have the right to give this permission as I am the child's parent or legal guardian.

Publication of these photos may include first names for identification purposes unless I check the box below that I do not give permission for my child(ren)'s name to be used.

Please DO NOT include my child(ren)'s first name(s) with any photo.

SIGNED _____ DATE _____

To REFUSE permission to use your child/children's pictures:

I, _____ (please print your name) REFUSE to grant permission for the Camarillo Seventh-day Adventist Church to publish photos of my child(ren), _____ in any publication or on the church's website. I further state that I have the right to refuse this permission as I am the child's parent or legal guardian.

SIGNED _____ DATE _____