

# 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):*

*Time:*

## 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

Persuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize \_\_\_\_\_ 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:* \_\_\_\_\_