



Child's Name (print) _____

Sierra Vista Community Church
1589 West 9th Street
Upland, CA 91786
909-946-7822

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

I, the parent or guardian of _____ authorize Sierra Vista Community Church to act as agent and to use their own initiative and discretion in the case of an accident involving the person named on this form. If necessary or deemed advisable because of illness or accident, agent of Sierra Vista Community Church shall authorize X-ray examination, medical diagnosis or treatment, and/or hospital care advised by any physician or surgeon licensed under the Medical Practice Act. By this authorization, advance notice is given to provide by my specific consent any treatment or hospital care necessary in case of such illness or accident. This permission includes dental treatment (if necessary) to be performed by a dentist licensed under the Dental Practices Act. Sierra Vista sponsoring agents shall have prior information on any participants in church activities that are subject to extreme physical disabilities and/or limitations. The above authorization shall be effective for the time period listed below, unless revoked and delivered to Sierra Vista Community Church prior to the effective dates.

Please provide any medical information, allergies, medications and other special instructions below:

LIABILITY RELEASE

I, the parent or guardian of the child named above on this form, give my permission for my child to participate in the Sierra Vista Community Church activity on the day/dates listed at the bottom of this form. I understand the risks and hazards of participation and agree that my child participates at his/her risk. I waive any right to assert any claim against Sierra Vista Community Church or its agents in respect to any injury, illness or loss which I or my child may sustain while participation in the activity on or off church property.

Parent/Guardian Signature:

Effective Dates: from _____ to: _____, _____ (year)
(Suggestion: to use this form for a whole year, please make the effective end-date January 1 of the following year to allow for New Year's Eve activities)

Address: _____
STREET CITY ZIP

Phone:
(include area code)

Home: _____ **Cell:** _____

Work: _____ **Other:** _____