

**SANTA BARBARA COMMUNITY CHURCH
PARENTAL CONSENT FOR MEDICAL TREATMENT**

With the increasing sophistication of our medical systems, we are finding it expedient to have parental release forms in the unlikely event of an injury requiring medical treatment.

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is not necessary from our perspective, but from your perspective, as many hospitals will not administer any medical attention to a minor without parental consent.

Therefore, would you please read the statement in capital letters below and add your signature to it. All that this does is give us the permission to seek whatever medical attention we deem necessary.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE REPRESENTATIVES OF SANTA BARBARA COMMUNITY CHURCH (SBCC) THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY THESE INDIVIDUALS. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE SBCC AND ITS REPRESENTATIVES FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS SBCC IS NOT GROSSLY NEGLIGENT.

Name of Student _____ Grade _____ Date of Birth _____
(please print CLEARLY!)

Signature of parent or guardian _____ Date _____

Student Address (include zip code) _____

Parents' or guardians' names *(please print)* _____

Parent phone number(s) – please include area codes & cell numbers _____

Best **email address** to use for future communication _____

(Signature valid through DECEMBER 31, 2010.)

If parents are not available, please call relative or emergency contact below:

Name _____ Phone _____

Address _____ City _____ Zip _____

Does your child have any allergies? _____ (yes or no) If yes, please specify: _____

Does your child have any physical or medical conditions that would influence medical treatment? Please describe:

Child's insurance company _____ Phone # _____

Child's insurance company address _____

Insurance policy number _____