

FIRST BAPTIST CHURCH OF CORONA YOUTH MINISTRIES

PARENT DELEGATION OF AUTHORITY TO CONSENT TO MEDICAL OR DENTAL TREATMENT FOR MINOR CHILD AND ACTIVITY RELEASE FORM

I/We, the undersigned, am/are the parent(s) of _____ (a minor ____ years of age),
(Youth's name)

And now have and am/are entitled to the full an complete custody of said minor child.

I/We hereby authorize FIRST BAPTIST CHURCH OF CORONA located at 122 Stan Reynolds Prky. Corona, California, it's agents, servants, employees, officers, and directors, in whose care the minor youth has been entrusted by me/us, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor youth under the general and special supervision of the California Medicine Practice Act and/or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of FIRST BAPTIST CHURCH OF CORONA, it's agents, servants, employees, officers, and directors, to give specific consent to any and all such diagnosis, treatment or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of injury to or illness of the minor youth.

This Authorization is given pursuant to the provisions of California Civil Code Section 25.8. This Authorization shall remain in effect through **December 31, 2008** unless sooner revoked by the undersigned in writing delivered to FIRST BAPTIST CHURCH OF CORONA, it's agents, servants, employees, officers, and directors from any and all costs and expenses, including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums which FIRST BAPTIST CHURCH OF CORONA, it's agents, servants, employees, officers, and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action founded for, arising or alleged to have arisen out of the activity for which this Authorization is given or the use of real property belonging to FIRST BAPTIST CHURCH OF CORONA, it's agents, servants, employees, officers, and/or directors, or by any action or omission by the aforesaid minor youth.

My youth is authorized to ride in church vehicles, or in privately owned vehicles specifically used for church activity.

I understand and agree that my youth shall be obedient to and respectful to those placed in authority by the FIRST BAPTIST CHURCH OF CORONA. If at anytime my youth chooses to behave differently than this, FIRST BAPTIST CHURCH OF CORONA reserve the right to have me pick up my youth within a reasonable amount of time, or my youth will be sent home at my expense. In an instance where my youth's inappropriate behavior causes FIRST BAPTIST CHURCH OF CORONA to be financially liable, I agree to cover these costs.

PHYSICAL ACTIVITY RELEASE

FIRST BAPTIST CHURCH OF CORONA activities include, but are not limited to, hiking, swimming, mountain biking, low and high confidence course activities, rock climbing, bowling, golfing, skating, skiing, and paintball adventure games. There are risks of physical injury or harm from participating in high adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release FIRST BAPTIST CHURCH OF CORONA, it's agents, servants, employees, officers, and directors from all liability for any injury or harm to me (or my minor) from the participating in said activities. Whether the injury or harm is caused by the negligence of FIRST BAPTIST CHURCH OF CORONA or otherwise. I have read and understood this release of liability.

_____ (Date)	_____ (Mother's Signature)	_____ (Home Phone)	_____ (Work Phone)
_____ (Date)	_____ (Father's Signature)	_____ (Home Phone)	_____ (Work Phone)
_____ (Date)	_____ (Custodian/Guardian's Signature)	_____ (Home Phone)	_____ (Work Phone)
_____ (Date)	_____ (Youth's Signature)	_____ (Home Phone)	_____ (Work Phone)

Other Emergency Contact: _____ (Telephone) _____
Family Doctor: _____ (Telephone) _____
Ophthalmologist: _____ (Telephone) _____
Insurance Company: _____ (Telephone) _____
Medication/Allergies: _____
Date of Last Tetanus Immunization: _____
Will you allow blood transfusion if physician prescribes? _____
Other Instructions: _____
Address: _____