



CHRIST'S CHURCH OF THE VALLEY: 1365 North Grand Avenue Suite 110, Covina, CA 91724-1016
PHONE: 626.859.0161

**AUTHORIZATION FOR CUSTODIAN'S CONSENT TO MEDICAL CARE FOR A MINOR
PURSUANT TO CALIFORNIA CIVIL CODE SECTION 25.8**

NAME OF MINOR _____ **DATE OF BIRTH** _____

The undersigned does hereby authorize any adult representative of Christ's Church of the Valley to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the MEDICAL PRACTICE ACT, or of any dentist licensed under the provisions of the DENTAL PRACTICE ACT.

The authorization will remain effective at any time during which the above named minor is in the care of Christ's Church of the Valley from the dates: January 1, 2009 through and including January 1, 2010, unless revoked in writing by the undersigned.

The undersigned does further release the above named child to accompany the Youth Pastors/and or Youth leadership of Christ's Church of the Valley on any short "trips" that are designated as part of the curriculum for the Youth Department programs.

NAME OF INSURER _____

POLICY or GROUP NUMBER _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBERS:

HOME () _____

WORK () _____

CELL () _____

NAME OF PARENT or GUARDIAN (please print clearly) _____

SIGNATURE _____ **DATE** _____

(Participant or parent/guardian if participant is a minor)