

**STUDENT MEDICAL RELEASE FORM**

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ SCHOOL \_\_\_\_\_  
PARENT/LEGAL GUARDIAN(S) \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
OTHER EMERGENCY CONTACT PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
FAMILY DOCTOR PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
INSURANCE CO. \_\_\_\_\_ IF NONE PLEASE CHECK \_\_\_\_  
INSURANCE POLICY # \_\_\_\_\_ OR GROUP # \_\_\_\_\_  
KNOWN MEDICAL CONDITIONS \_\_\_\_\_  
MEDICATIONS \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
LAST TETANUS IMMUNIZATION \_\_\_\_\_ CONTACT LENSES \_\_\_\_\_  
WILL YOU ALLOW BLOOD TRANSFUSIONS? \_\_\_\_\_  
OTHER \_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR:**

(I) (We), the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Richfield Community Church children's/youth ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

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 our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through the above named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

**RELEASE OF RICHFIELD COMMUNITY CHURCH:**

(Parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Richfield Community Church, its agents, servants, employees, officers, and directors from any and all costs and expenses; including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Richfield Community Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of (child's name) use of real or personal property belonging to Richfield Community Church, its agents, servants, employees, officers, and directors, or by action or omission by (child's name).

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Richfield Community Church 5320 Richfield Road, Yorba Linda, Ca 92886 714-524-1744

