

**Parent Permission-Release Form
Skyline Student Ministries
2009-2010**

Skyline Church
11330 Campo Road La Mesa, CA 91941 (619)660.5000

Student Information

Name _____ Address _____
Birth date _____ Grade _____ City _____ State _____ Zip _____
Daytime Phone # (_____) _____ Evening Phone # (_____) _____
Email _____ Additional Contact # (_____) _____

Authorization of Consent to Treatment of Minor: (I)(We), the undersigned, parent(s) or legal guardian(s) of _____, a minor, do hereby authorize Skyline Church 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 in the case that we as the parent(s) or legal guardian(s) cannot be contacted.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective to the date stated, unless sooner revoked in writing delivered to said agent(s).

Release of Skyline Church:

By this agreement, I exempt Skyline Church and its officers, agents, servants or employees from any liability for personal injury, property damage, or death that may occur as a result of, or during all activities and events occurring within the middle school and high school ministries until the end of 2010.

Skyline Student Ministries will use pictures of students from our events on church advertisement pieces and on our webpage. If you do not want your child's picture used, please initial here. _____

Day Phone (_____) _____ Cell (_____) _____ Evening (_____) _____
Parents/Guardian Email Address _____
Other Emergency Contact _____ Phone (_____) _____
Family Doctor _____ Phone (_____) _____
Insurance Co. _____ If not insured please check here _____
Policy #, or Group # _____
Known Medical Conditions _____
Medication? _____
Allergies? _____
Last Tetanus Immunization? _____ Contact Lenses? _____
Will Allow Blood Transfusions? (Check) YES _____ NO _____
Other _____

Parent/Guardian (signature) _____ Date _____