



PARENT CONSENT FORM

I hereby give my son/daughter, _____ (name of child) permission to participate in each officially sanctioned school activity both on and off the campus during the 2015-2016 school year by virtue of having paid the required fee for their participation in such activity. Examples of such include but are not limited to class field trips, sporting events and school-sponsored programs and parties. I acknowledge that it is my responsibility to inquire further if I have any questions or concerns about any proposed activity for which I am considering paying the fee.

Consent for Emergency Medical Treatment

California Civil Code Section 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit:

Either parent, or guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis and/or treatment and hospital care to be rendered to said minor under general or special supervision and advice of a physician and surgeon licensed under the provisions of the medicine practice act, or to x-ray examinations, anesthesia, dental and /or surgical diagnosis or treatment and hospital care to said minor by a dentist licensed under the provisions of the dental practice act.

Authorization

Persuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize supervising authorities of Freedom Christian School to procure medical, hospital, or dental care for my son/daughter _____ (*child's name*) in the event of injury or illness.

I understand and agree that I am financially responsible for any care so procured.

The telephone number where I can be reached during this activity:

The name of a friend or relative whom I designate to give necessary authorization in the event I cannot be reached:

The telephone number of that friend or relative:

Parent Signature: _____ *Date:* _____