

MEDICAL AND LIABILITY RELEASE FORM

St. John's Episcopal Church
105 State Street
Kirkland, WA 98033
(425) 827-3077

PARENT/LEGAL GUARDIAN PERMISSION/RELEASE FORM

Youth's/Child's Name _____

Birth Date _____ Grade _____

Youth's/Child's Name _____

Birth Date _____ Grade _____

Youth's/Child's Name _____

Birth Date _____ Grade _____

Youth's/Child's Name _____

Birth Date _____ Grade _____

Address _____

City _____ Zip _____ Phone Number(s) _____

Activity Sunday School

Date(s) of Activity September 2010-May 2011

Authorization of Consent for Treatment of Minor

I, the undersigned parent or legal guardian of _____, a minor/ minors, do hereby authorize any duly authorized employee, volunteer or other representative of St. John's Episcopal Church, 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 licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

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 or her best judgment may deem advisable.

This authorization shall remain in effect from September 2010 to May 2011.

Parent/Legal Guardian Signature _____