

_____ has my permission to attend all activities

NAME OF STUDENT

sponsored by Pacific Southwest District for October 2, 2010

Conformed as to California law

I, _____, am the parent or legal guardian of

_____, (hereinafter, "my child"), who was born on _____, _____.

My child is attending and participating in activities/events with the Pacific Southwest District, located at 1540 Concordia Drive East in the city of Irvine, county of Orange, and state of California.

I hereby authorize the called worker(s) and their volunteer leaders/staff who are 18 years of age or older, who supervise the activities at this conference, into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the called worker(s) and their volunteer leaders/staff who are 18 years of age or older, who supervise the activities at the conference to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the called worker(s) and their volunteer leaders/staff who are 18 years of age or older, who supervise the activities at this conference

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home, due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Pacific Southwest District.

Parent/guardian signature: _____ Date: _____