

## Permission-REGISTRATION

Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_\_ What? \_\_\_\_\_

Are you presently under treatment for any physical condition? \_\_\_\_\_

If so, what? \_\_\_\_\_ Any special medication? \_\_\_\_\_

List any medications presently taking \_\_\_\_\_

### AUTHORIZATION TO CONSENT TO TREATMENT

(I), (We), (parents), (guardian) of \_\_\_\_\_ do hereby authorize CALVARY CHAPEL PETALUMA, as agents 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 special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care rendered but it is given to provide authority and power on the part of the aforesaid agents 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 the State of California.

\_\_\_\_\_  
(Father, Mother, or Legal Guardian)      Month    Day    Year