

Medical Treatment Consent and Liability Release Form for Minors

(As found in California Civil Code Section 25:8)

I, the undersigned parent/guardian of _____

do hereby authorize the adult sponsor of Bethany School or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child(ren) has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not be limited to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a licensed medical doctor or dentist. It is understood that an effort must be made to notify me (the parent or guardian) before such action will be taken. 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 said adult to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. The authorization shall include transportation to receive the medical/dental care.

Financial Responsibility

In the event of injury to my child(ren)/ward(s), I agree that I/we and my healthcare insurer shall be financially responsible for any medical/dental treatment required by my child(ren)/ward(s), as a result of any injury or illness suffered in the course of his/her participation in any school related activities.

Risk

I am aware that these activities may involve some hazards. I have considered these risks and I still wish for my child/ward to participate. Furthermore, I agree not to bring legal action against Bethany School, its staff, or sponsors as a result of any injuries suffered in the course of his/her participation.

Dispute

In the event a dispute arises between myself and Bethany School concerning injuries to my child(ren)/ward(s), I agree that the dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitations shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Name of Child #1 _____ Date of Birth _____

Name of Child #2 _____ Date of Birth _____

Name of Child #3 _____ Date of Birth _____

Home Address _____ City _____ Zip _____

Home Phone _____ Email address _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

Doctor's Name _____ Phone _____

Medical Insurance Co. _____ Group ID# _____

I agree to the terms of this medical release as stated on this form. This authorization will remain in effect until the end of the school year while the minor(s) above is enroute to or from or involved or participating in any program or activity authorized by Bethany School, unless revoked by the undersigned in writing and delivered to the agent of Bethany School.

Signature _____ Relationship _____ Date _____

Signature _____ Relationship _____ Date _____