



Authorization for Medical Treatment

Conformed as to California law

I, _____, am the parent or legal guardian of _____,
Name of parent or guardian Name of minor

hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities at Liberty Towers Church of the Nazarene, located at 5132 Elkhorn Blvd. in the city of Sacramento, county of Sacramento, and state of California, beginning on the day of _____.
Date

I hereby authorize Pastor Matthew Garner and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at this church 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 Pastor Matthew Garner and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at the church 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 Pastor Matthew Garner and his/her officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at this church.

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.

Dated _____ Signature of parent or legal guardian

