



## YOUTH RELEASE FORM

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle: Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Guardian Cell Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

In Case of an Emergency Notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Last Tetanus Shot? \_\_\_\_\_

(I/We) the Parents/Guardian of the student named on the above consent form do hereby authorize Community Bible Church, as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which deemed advisable by and is rendered under, the general specific supervision of any physician or surgeon licensed under the provisions of the Medical Practical Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid 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 California.

**I certify that the above is true and correct:**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



RELEASE FORM

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle: Male / Female Last Tetanus Shot: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

In Case of an Emergency Notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I do hereby authorize Community Bible Church, as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which deemed advisable by and is rendered under, the general specific supervision of any physician or surgeon licensed under the provisions of the Medical Practical Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid 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 California.

**I certify that the above is true and correct:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date