



CM Youth Volunteer

Consent Form

PERMISSION TO ATTEND: The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears below, hereby authorizes the minor named below to participate in various volunteering in Children’s Ministry on Sunday mornings with Family Community Church under the supervision of a paid and/or volunteer leader.

MEDICAL RELEASE: The undersigned, being a parent with legal custody or the legal guardian of the minor whose name appears below, hereby authorizes any adult person (paid or volunteer) with FAMILY COMMUNITY CHURCH of San Jose, California into whose care the minor has been entrusted or with whom he or she is traveling to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It’s 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to California Civil Code section 25.8 if a personal physician is listed, every effort will be made to contact such physician. The signing of this release only gives the Church and agents thereof, the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. It is understood that the releases provide no medical insurance for such treatment. I further agree to be liable for any expenses related to treatment performed under this release. This release shall remain in effect until the volunteer is 18 years of age. Please inform Family Community Church (FCC) immediately in writing of any changes in the information presented.

DATE CHILD’S NAME SIGNATURE OF PARENT/LEGAL GUARDIAN

Parents Phone Number PRINT PARENT’S NAME