

**First Presbyterian Church of Santa Barbara**  
**Parental Consent, Medical Authorization and Release**

Today's date: \_\_\_\_\_ For 2009 & 2010 Academic Year

\_\_\_\_\_  
Minor child

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City/state/zip

Phone numbers (belongs to and #)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

The undersigned hereby release the Church and its authorized representatives and officials of and from any and all liability to the undersigned, or to the minor child, arising out of or in connection with any activities related to the Church, or any travel connected therewith, except for such liability as may arise from the gross negligence or willful misconduct on the part of the Church or its representatives or officials.

The undersigned hereby give our consent to and authorize our minor child named above to participate in all events conducted by First Presbyterian Church, Santa Barbara. We further authorize our minor child to travel with representatives of the Church to any such events so conducted.

If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the minor child named above hereby has authorized any representatives of the church for and on behalf of the undersigned, to consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and any hospital care deemed advisable and rendered by any licensed hospital. This authorization is given in advance of any such required care for purposes of empowering any such representative or office of the Church to give the above described consent for any such medical, or dental treatment as any physician, surgeon, or dentist to proceed with such medical or dental treatment as he/she may deem advisable. We hereby agree to pay any and all reasonable charges incurred as a result of any such medical or dental treatment and to hold the Church and its representatives and official harmless there from.

To the extent that any applicable law prevents or prohibits the undersigned release of the Church from any liability to our minor child as set forth herein, we hereby agree to indemnity and hold harmless the Church and its representatives and officials of and from any such liability as may be imposed upon any of them.

Photos: Appropriate photos of your child may be taken during participation of church events and displayed on church bulletin boards, church website, private Facebook group page, etc... Please inform us if you would not prefer photos of your child to be taken and/or displayed.

**NOTE: This consent must be signed by both parents unless one parent has legal custody of the minor child pursuant to a valid Court Order. In that event, please insert the phrase "legal custody" beneath your signature.**

\_\_\_\_\_  
Mother's (or guardian's) name printed

\_\_\_\_\_  
Mother's (or guardian's) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's name printed

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Insurance provider

\_\_\_\_\_  
Physician's phone number

\_\_\_\_\_  
Group or policy number