

**ST. CROSS BY-THE-SEA EPISCOPAL CHURCH 2011-2012
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

As legal custodian of _____, a minor(s), I hereby authorize _____ or his or her designee into whose care the aforementioned minor has been entrusted, to consent to an x-ray, examination, anesthetic, medical or surgical diagnoses, treatment (such as operations, drugs, emergency care and/or hospitalization) are to be rendered to said minor upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician or dentist may deem necessary. This authorization shall also include the right of the aforementioned agent(s) to commit any of our insurance or other funds that may be required to carry out or secure such medical treatment.

This authorization shall remain effective for the full calendar year unless revoked in writing and delivered to said agent(s). I understand that St. Cross Episcopal Church, its employees, volunteers or agent(s) and its Vestry assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedics, transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility, whether covered by insurance or not.

FAMILY DOCTOR	ADDRESS	DAYTIME PHONE
FAMILY DENTIST	ADDRESS	DAYTIME PHONE
HEALTH INSURANCE CARRIER	POLICY NUMBER	PHONE

MY CHILD (OR CHILDREN) IS ALLERGIC TO THE FOLLOWING MEDICATIONS:

CURRENT PHYSICAL LIMITATIONS OR MEDICATIONS USED:

In case of an emergency, should St. Cross Episcopal Church give first aid? _____
Should a doctor be contacted? _____ Can the Church dispense Aspirin or Tylenol? _____
Please list illness or serious accidents during the last year: _____

Underline or circle any of the following conditions which affect your child: epilepsy, fainting spells, asthma, diabetes, allergic reactions to bee stings, heart condition, hearing problem, vision problem. Other:

I have not been advised by a physician that the above-referenced minor(s) should not participate in group activities of the nature sponsored by St. Cross Episcopal Church.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME OF PARENT/GUARDIAN: _____

DATE: _____

**St. Cross by-the-Sea Episcopal Church Christian Formation
Minor Photo Release - School Year 2011-2012**

I give St. Cross by-the-Sea permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against St. Cross with respect to liability in connection with the use of these photographs and with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, St. Cross will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. If you have questions, please contact the St. Cross at 310-376-8989.

MINOR'S NAME _____

YOUR NAME (Parent or Guardian, Please print) _____

YOUR SIGNATURE _____

DATE _____

_____ **I DO NOT** consent to the use of my child/children's images being used in any form.

MINOR'S NAME _____

YOUR SIGNATURE _____

DATE _____