

GOOD SHEPHERD LUTHERAN CHURCH PARENTS' PERMISSION & EMERGENCY MEDICAL FORM

I, the undersigned parent, or legal guardian of _____, minor(s), do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or dentist licensed under the provisions of the 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 is 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 effort 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 section 25.8 of the Civil Code of California and remains effective through _____.

Signature _____
(Parent or Legal Guardian)

Date ____/____/____

Family Last Name _____
(Please Print)

Best Phone: _____

Street Address _____ City _____ ZIP _____

Child #1	Last Tetanus	Medications
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Child #2	Last Tetanus	Medications
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Child #3	Last Tetanus	Medications
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Child #4	Last Tetanus	Medications
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PHOTO RELEASE AGREEMENT

I, (print name) _____ give Good Shepherd Lutheran Church the absolute right and permission to use my photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., DVD, video, Internet) or other form of promotion or information. I release Good Shepherd Lutheran Church, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

Signature for release _____

Date _____