Medical Consent Authorization

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name], am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [parent or legal guardian] having legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of minor], who was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date of birth]. I hereby authorize the Camp Nurse or Camp Director of the First Missionary Baptist Church of Redlands, (or their adult designee) into whose care I have entrusted the above named minor to consent to medical, dental, surgical, or hospital care, treatment or diagnosis for the same minor under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any medical, dental, surgical, or hospital diagnosis, treatment, or care to be rendered to or for the above named minor under the general or special supervision of a qualified physician, surgeon or dentist. I further authorize the Camp Nurse or Camp Director of the First Missionary Baptist Church of Redlands (or their adult designee) to receive physical custody of the above named minor under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of the above named minor to the same adult.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent or Legal Guardian (or adult Camper)\*

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\* This consent is also to be completed and signed by ALL adults (persons 18 years of age and older) who attend camp; indicating that the above consent is granted in the event that the adult camper becomes incapacitated.