

Thank you for registering for our VBS. **Please print, fill out and return before or on July 18th**

**MEDICAL AUTHORIZATION GRACE COMMUNITY CHURCH OF THE SIERRAS
VACATION BIBLE SCHOOL
JULY 18-22, 2022**

I am the parent/ or legal guardian of (list names of children)_____.

I hereby authorize representatives of Grace Community Church of the Sierras, in whose care my child/children have been entrusted, to consent to medical, dental, surgical or hospital care or diagnosis of my child/children under section 6910 of the CA Family Code. The authority to consent to medical, dental, surgical or hospital care or diagnosis, treatment or care to be rendered to or for my child(ren) under the general or specific supervision of a qualified Physician, Surgeon or Dentist. I further authorize representatives of Grace Church to receive custody of my child/children_____, under section 1283(a) of the CA Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody to the aforementioned adults.

parent /guardian sign

date

parent/guardian print name