

**MEDICAL AUTHORIZATION GRACE COMMUNITY CHURCH OF THE SIERRA VACATION BIBLE SCHOOL**

**JULY 15-19, 2024**

I am the parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 and 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**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**parent/guardian print name**

**date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**