

ONE FORM PER FAMILY - PLEASE COMPLETE AND TURN IN BY THE FIRST DAY OF  
VACATION BIBLE SCHOOL



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

JULY 14-18, 2025

**IN THE EVENT OF AN EMERGENCY EVERY EFFORT WILL BE MADE TO  
CONTACT THE PARENT OR GUARDIAN FIRST**

This Authorization is to be used if parents or guardian cannot be contacted. I am the parent  
or legal guardian of (list all names of children of family attending):

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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, treatment or care to be rendered to or for my child(ren) under section 6910  
of the CA Family code. The authority to consent to medical, dental or hospital care or  
diagnosis under the general or specific supervision of a qualified physician, surgeon, dentist  
or emergency medical personnel.

I further authorize representatives of Grace Community Church to receive custody of (THE  
ABOVE-NAMED CHILD(REN)) 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 physical custody to the aforementioned adults.

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Parent/Guardian Signature

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Parent/Guardian Print Name

Phone # \_\_\_\_\_

Additional Instructions: