

# Medical Release Form for After-School Enrichment Activities

**NOTE:** California Civic Code 25.8 (printed below) expressly provides that a parent or legal guardian may authorize adults, into whose custody a child is entrusted, to consent to necessary medical treatment. In order for your child to participate in after-school enrichment activities, you must complete this form in order to grant such authorization in the unlikely event that your child may become ill or injured while participating in After-School Enrichment Activities.

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**Email** \_\_\_\_\_

Name of child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Name of parent(s) or legal guardian who are authorized to pick up the child:

1. \_\_\_\_\_ Daytime phone(s): \_\_\_\_\_

2. \_\_\_\_\_ Daytime phone(s): \_\_\_\_\_

Emergency contact 1 (other than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child : \_\_\_\_\_

Emergency contact 2 (other than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child : \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy/group #: \_\_\_\_\_

Special health needs/medications: \_\_\_\_\_

I hereby authorize the instructor of the class my child is attending at the After School Enrichment Program to procure medical, hospital, or dental care for my minor/ward in the event of an injury or illness while the child is participating in Enrichment Activities. It is understood that an exhaustive effort will be made to contact the parent(s)/guardian(s) of the child before any treatment is given. I understand that I am financially responsible for any care so procured.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CA CIVIL CODE SECTION 25.8:** Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian of a minor, may authorize in writing any adult person into whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon advice of a physician or surgeon licensed under the provisions of the Medical Practice Act and to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.