

PARENTAL CONSENT FOR MINORS (age 17 and under)

PERMISSION TO ATTEND

I, the undersigned parent or person having legal custody/guardianship of _____, a minor, give permission for this minor to attend the Teen Retreat on Friday, September 28th to Sunday, September 30th.

AUTHORIZATION FOR THIRD PARTY CONSENT TO MEDICAL TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

I, the undersigned parent or person having legal custody/guardianship of _____, a minor, do hereby authorize any personnel or any staff person(s) of Palo Alto Friends Meeting of the Religious Society of Friends, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

FIELD TRIP PERMISSION

In addition, the above minor has my/our permission to participate in the program of Palo Alto Friends Meeting of the Religious Society of Friends organized for his/her age group. This includes permission to go on field trips in private cars. It is Palo Alto Friends Meeting's policy that all passengers be seat-belted and all drivers have appropriate automobile insurance.

PARENTS' SIGNATURES

The undersigned agree to hold Palo Alto Friends Meeting of the Religious Society of Friends and its officers, agents, teachers and other personnel harmless of any claim by the undersigned arising out of any medical treatment given by or attempted in connection with any medical emergency.

Parent / Legal guardian / Person having legal custody (circle relationship):

LOCATION OF EVENT: Palo Alto Friends Meeting, 957 Colorado Ave., Palo Alto, CA

PARENT NAME (PRINT) _____

PARENT SIGNATURE _____

DATE _____

How will your teen be arriving at the retreat? _____

How will your teen be leaving the retreat? _____

We will not release your teen to anyone but the person above unless you call Barbara Maloney at (408) 316-9453.