



**PERMISSION AND EMERGENCY CARE AUTHORIZATION FORM
FOR GFS ACTIVITIES OFF OF CHURCH GROUNDS**

_____ (name), has my permission, as legal guardian, to attend _____ (name of activity) at _____ (location) on _____ (dates) and, should the need arise, I do hereby authorize and consent to any x-ray, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate as a hospital from the State of California Department of Public Health. 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 and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

I will not hold liable (name of parish) _____, its clergy, officers or volunteer leaders for medical aid rendered, and will reimburse (name of parish) _____, for medical or other expenses incurred in the care of the above named minor.

(signature of parent/guardian) Home phone number _____
Mobile phone number _____

(address) Additional phone numbers _____

(name of family physician) _____
(phone number of family physician)

This form must be completed in full and signed by a parent or legal guardian for a GFS member to take part in activities off of church grounds. Thank you.