***PERMISSION SLIP (Choir)***

Place/Event: Date: insert date here

Grade: HS Bus Departs CCCS: Bus Departs:

The student(s) will need: Choir Attire, sack lunch & spending money

***AUTHORIZATION TO CONSENT TO TREATMENT***

I (We) the undersigned parent(s)/guardian(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student name),

a minor, do hereby authorize CALVARY CHAPEL CHRISTIAN SCHOOL, DOWNEY, CALIFORNIA, its adult agents and employees, into whose care said minor has been entrusted while traveling to and from and while attending CALVARY CHAPEL CHRISTIAN SCHOOL outings sponsored by CALVARY CHAPEL DOWNEY, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of CALVARY CHAPEL CHRISTIAN SCHOOL, its adult agents and employees, to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

The undersigned is (are) a person(s) having legal custody of, or is(are) the legal guardian(s) of said minor.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to attend the event listed above and has my consent for treatment as state above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature or Legal Guardian’s Signature Date

Home Phone #

Mom’s Wk#

Mom’s Cell #

Dad’s Wk#

Dad’s Cell #

