Medical and Dental Release

Valencia United Methodist Church
Multijurisdictional Authorization and Release for Medical and Dental Treatment

I (we) hereby authorize Valencia United Methodist Church (VUMC) and its employees, director and adult volunteers (collectively VUMC) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of the physician or surgeon licensed under the laws of the state or jurisdiction in which medical care is sought, and to consent to any x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of medical or dental care obtained outside of California, this authorization is given with
the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

The undersigned understand and agree that VUMC shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned here by agree to indemnify, defend and hold VUMC harmless from any claim by or on behalf of the minor person or the minor's heirs or parents or guardians arising out of any medical care or dental care provided.

_____________________________________ __________________________
Child's name Birth date

____
Father's name Home Cell email

____
Mother's name Home Cell email

____
Emergency contact relation to minor phone#

Allergies to drugs or foods: ____

List any restrictions: ____

Parent's Signature: ______________________ Parent's Signature: _____________________

Insurance Company: _____________________ Policy#:___________________________

Family Physician: _______________________Telephone: __________________________

VUMC requires that, if the minor is in the custody of both parents or more than one legal guardian, both or all sign this authorization. VUMC understands the minor is in custody only of the person or persons who have signed this authorization.

This medical/dental release is in effect for the time period of **June 1, 2017 through September 1, 2018** for all activities the above-named person participates in that are put on by or sponsored by VUMC.