

Medical Treatment Consent and Liability Release Form for Minors

(As found in California Civil Code Section 25.8)

I, the undersigned parent/guardian of (put name below) do hereby authorize the adult sponsor of Bethany School or any responsible adult person bearing this written authorization, into whose said care the below mentioned minor child(ren) has been entrusted to, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical/dental care is to include, but not be limited 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 specific supervision and upon the advice of a licensed medical doctor or dentist. It is understood that an effort must be made to notify me (the parent or guardian before such action will be taken. It is understood that this authorization is given in advance of any specific diagnosis, treatment

Financial Responsibility

In the event of injury to my child/ward, I agree that I/we and my healthcare insurer shall be financially responsible for any medical/dental treatment required by my child/ward as a result of any injury or illness suffered in the course of his/her participation in any school related activities.

Risk

I am aware that these activities may involve some hazards. I have considered these risks and I still wish for my child/ward to participate. Furthermore, I agree not to bring legal action against Bethany School, its staff, or sponsors as a result of any injuries suffered in the course of his/her participation.

Dispute

In the event a dispute arises between myself and Bethany School concerning injuries to my child/ward, I agree that the dispute shall be resolved by a Christian arbitrator acceptable to both sides. The cost of the arbitrator is to be shared equally by the parties. All applicable statutes of limitations shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Name of Child _____ Date of Birth _____
Name of Child _____ Date of Birth _____
Name of Child _____ Date of Birth _____
Name of Child _____ Date of Birth _____
Father (Guardian) Name _____ Cell # _____ Work # _____
Home Address _____ City _____ Zip _____
Home Phone _____ Email address _____
Mother (Guardian) Name _____ Cell # _____ Work # _____
Home Address _____ City _____ Zip _____
Home Phone _____ Email address _____
Doctor's Name _____ Phone _____
Medical Insurance Co. _____ Group ID# _____

I agree to the terms of this medical release as stated on this form. This authorization will remain in effect until the end of the school year while the minor above is enroute to or from or involved or participating in any program or activity authorized by Bethany School, unless revoked by the undersigned in writing and delivered to the agent of Bethany School.

_____ (Initials) Bethany School will **NOT BE** responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.

Signature _____ Relationship _____ Date _____
Signature _____ Relationship _____ Date _____

Please sign and return by September 1, 2020

PICK UP LIST / PERSONS TO BE CALLED IN AN EMERGENCY: Please put in order of call after parents/guardians (Minimum of one)

Student Name: _____ **Grade** _____

Name	Phone	Relationship

General questions: Please circle the correct answer

If yes to any of these questions, please provide the information that is needed.

Marital Status of Child's Parents:

☐ Married/living together ☐ Separated ☐ Divorced ☐ Other: _____

If living in separate households, how much time is spent with:

Mother _____ Legal Custody? ☐ Yes, how much? _____ ☐ NO

Father _____ Legal Custody? ☐ Yes, how much? _____ ☐ NO

If child has two households, we need the complete addresses for each household:

Mother: _____ Father: _____

Please circle your answer. If yes to any of these questions, please provide the information that is needed.

Is there any court order in effect limiting the presence of or removal of student by any person(s) during school hours? <i>Please turn in documents to the office.</i>	Yes	No
Any court orders pertaining to this student (i.e. restraining order, parental rights, custody) <i>Please turn in documents to the office.</i>	Yes	No
Has your child been assessed for any special needs?	Yes	No
Does your child have an IEP/504 plan? Please turn in documents to the office.	Yes	No

Medical Questions: Please circle your answer

Does your student have any allergies to medications?	Yes	No	Explain:
Does your student have any allergies to Insects?	Yes	No	Explain:
Does your student have any allergies to Food?	Yes	No	Explain:
Medication for school	Yes: What medication:	No	<i>Please bring the medication and fill out the form in the office to allow medication to be given.</i>

Print Name _____ Date _____

Please sign and return by September 1, 2020

Signature _____

Bethany School Photo and Family Directory Consent

PHOTO INFORMATION

I give my consent for Bethany School to publish and/or display photos/images/videos of my child. In granting this permission, I understand that Bethany School may use photos/images/videos of my child for both marketing and other purposes, such as celebrating achievements and publicizing education events, as deemed appropriate by school administration. I further understand that, although Bethany School will be identified with the photos/images/videos, and that adults appearing in photos/images/videos may be named, my child's name or other personally identifiable information will not be used with any photos/images/videos (other than yearbook photos and church prayer cards).

I am signing this release with the knowledge that any photos/images/videos posted on the website may be downloaded and reprinted by various news organizations, including print, electronic and broadcast media, and I, therefore, release Bethany School from any liability arising from use of my child's photos/images/videos in school website postings.

I give my consent Yes ☐ No ☐

ADDRESS INFORMATION

It is the practice of Bethany School to release names and addresses of current students to the parents of classmates wishing to send invitations for parties/activities which they are hosting. If you **DO NOT WANT** your address released to other school families, please indicate below:

Do you wish to release your address to other school families?

Yes ☐ No ☐

Student Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

Please sign and return by September 1, 2020