

Due January 12th, 2012

Heights Christian Junior High
Student Medical Consent Form

TO WHOM IT MAY CONCERN:

We, the undersigned, parent (s) of minor: **Student's Name:**

DOB:

do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that are rendered to said minor. It is understood that this consent is given in advance for any specific diagnosis or treatment being required, but is given to encourage Heights Christian Junior High Staff Members and the physician of their choice, to exercise their best judgment as to the requirements of such diagnosis or treatment. Any medical bills incurred by the student during the trip will be the responsibility of the parent/guardian. I give permission for my child to travel out of the state with assigned chaperone and staff of Heights Christian Junior High School.

This consent shall be in effect from March 9, 2010 through March 20, 2010.

Name of Parent(s)/Guardian(s)

Street Address City State Zip

Home # (____) Cell # (____) Work # (____)

Insurance Company

Insurance Medical Certificate Number/Subscriber Number

Insurance Medical Group Plan Number

Please list any medical items we need to be aware of:

THIS FORM MUST BE NOTARIZED: Signature(s) _____

(Must be signed in the presence of a Notary.)

ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of: _____

On, _____ before me _____, Notary Public,

Name and Title of Officer (i.e Jane Doe, Notary Public)

personally appeared _____,

Name of document signer(s)

who proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her authorized capacity(ies) and that by his/her/their signature on the instrument the person (s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENTALY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal,

(seal)

SIGNATURE OF NOTARY