

CIRCLE AREAS OF INTEREST: Group Leaders O Station leaders O Depend on the need O

PARENTAL RELEASE

My signature authorizes, pursuant to the provision of Section 25.8 of the Civil Code of California, Religious Education to give such attention as may be thought necessary by the physician/ medical advisor in charge in case of emergency, and I cannot be reached. I also realize that local police or paramedics may be called, in certain circumtances in order to assure emergency treatment. I also authorize the making of photographs and/ or video tapes of my child(ren) attending Religious Events.

Name of Student :	
Doctor's Name:	Phone #
Doctor's Address:	
Signature of Mother/ Father	Date

O I GIVE MY CHILD PERMISSION TO WALK/ RIDE/ DRIVE SELF HOME