

***Southern California Quarterly Meeting***

**SCQM TEEN AND CHILDREN'S PROGRAM MEDICAL HISTORY & INFORMATION**

One form per minor. This form **and** the Parental Consent for Minors form must be turned in before your minor may attend any SCQM children's or teens' program.

**MINOR'S NAME:** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **AGE** \_\_\_\_\_

Medications, dosage and schedule \_\_\_\_\_

Are there serious consequences if meds are skipped? \_\_\_\_\_

Other information (medical / physical / emotional issues) [use additional sheet(s) if necessary]

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY/CONCERNS**

Date of last tetanus shot \_\_\_\_\_

Allergies \_\_\_\_\_

Minor's doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy holder's name \_\_\_\_\_ Policy # \_\_\_\_\_

If an HMO, please give name and telephone # \_\_\_\_\_

**PARENTS' OR GUARDIANS' EMERGENCY NUMBERS DURING EVENT:**

Mother / legal guardian's name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father / legal guardian's name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

**IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED, CALL:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

**PLEASE NOTE: Please enclose a photocopy of minor's Health Insurance card.  
This form must be completed for each minor and for each event**

Date completed \_\_\_\_\_ By \_\_\_\_\_

**Southern California Quarterly Meeting  
Parental Consent for Minors (age 17 and under)**

**One form per minor.** This form **and** the Medical History & Information form must be turned in before your minor may attend any SCQM children's or teens' program.

**Permission to Attend**

I/We, the undersigned parent(s) or person having legal custody/guardianship of \_\_\_\_\_, a minor, give permission for this minor to attend the children's programs and/or SCQM Teen Program of the Religious Society of Friends.

**Authorization for Third Party Consent to Medical Treatment of Minor Lacking Capacity to Consent**

I/We, the undersigned parent(s) or person having legal custody/guardianship of \_\_\_\_\_, a minor, do hereby authorize any personnel or any staff person(s) or volunteers of SCQM of the Religious Society of Friends, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

**Field Trip Permission**

In addition, the above minor has my/our permission to participate in the program of SCQM of the Religious Society of Friends organized for his/her age group. This includes permission to go swimming and to go on field trips in buses or private cars. It is SCQM's policy that all passengers be seat-belted in street-legal vehicles and all drivers have appropriate automobile insurance.

**Parents' and Sponsor's Signatures**

These authorizations shall remain effective for the duration of this program, unless sooner revoked in writing. The undersigned agree to hold SCQM of the Religious Society of Friends and its officers, agents, teachers and other volunteers harmless of any claim by the undersigned arising out of any medical treatment given by or attempted in connection with any medical emergency.

**Parent / Legal guardian / Person having legal custody (circle relationship)**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Sponsorship Permission**

If a parent/guardian is not going to be present for any or all of the time/dates that the child is present, that child must have a sponsoring adult present on site. If that is the case, then this portion must also be filled out.

I/We do hereby authorize the adult named below (SPONSOR) to sponsor the above-named minor during SCQM of the Religious Society of Friends Programs, when I/we will not be in attendance.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor**

I will be attending the event described above at the same time as the above-named minor, and I agree to accept responsibility of sponsoring the minor.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor