

Southern California Quarterly Meeting

SCQM Youth Personal Information, Medical History and Consent Form

Please complete one form per minor (age 17 and under). All sections must be completed & this form submitted, with a photocopy of your minor's Health Insurance card before they may attend any SCQM youth program.

Personal Information

Minor's Name: _____ Birth date: _____ Age: _____

Medications, dosage and schedule : _____

Are there serious consequences if meds are skipped?

Other information (medical / physical / emotional issues):

Medical History & Information

Date of last tetanus shot: _____ Allergies: _____

Minor's doctor: _____ Phone: _____

Insurance company: _____ Policy holder's name _____

Policy # _____ Phone (if HMO): _____

Parents' Or Guardians' Emergency Numbers During Event:

Name (parent/legal guardian (1)) _____ mobile phone _____

Name (parent/legal guardian (2)) _____ mobile phone _____

Alternate Contact

Name _____ mobile phone _____

Relationship to minor:

Parental Consent

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 or Teen Program of Southern California Quarterly Meeting of the Religious Society of Friends (SCQM).

Name: _____ Signature: _____ Date: _____

Your relationship to minor:

Southern California Quarterly Meeting

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

I/We, the undersigned person(s), 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 SCQM program organized for their 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.

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.

Name: _____ Signature: _____ Date: _____

Your relationship to minor:

Sponsorship Permission

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

I/We do hereby authorize the adult Sponsor, named below to sponsor the minor named above during this SCQM program, when I/we will not be in attendance.

Name: _____ Signature: _____ Date: _____

Parent/Guardian

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

Name: _____ Signature: _____ Date: _____

Sponsor