

# PINES CHRISTIAN ACADEMY

## AUTHORIZATION AND CONSENT FORM FOR: School Field Trips, for another Adult to Consent to Medical, Dental, or Hospital Care of Minors and Notification Re: Insurance

I/We, \_\_\_\_\_, am/are parent(s) of

\_\_\_\_\_  
*(List all children attending Pines Christian Academy)*

I/We hereby authorize and consent to my/our child attending field trips or sports activities while a student at Pines Christian Academy.

I/We acknowledge that Pines Christian Academy has informed me/us that it does not carry insurance for any accidents or injuries to my minor child, which may occur while at school, on field trips, or at athletic functions.

I/We further authorize Pines Christian Academy, into whose physical custody and care the above-mentioned minor(s) has/have been entrusted, to consent to and agree to medical, dental, surgical, or hospital care, treatment or diagnosis for the above-named minor(s) under Section 25.8 of the California Civil Code.

The authority granted by this authorization includes the authority to consent to and agree to any medical, dental, surgical, or hospital diagnoses, treatment, or care to be rendered to or for the above-named minor(s) under the general or specific supervision of a qualified physician, surgeon, or dentist.

\_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

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### INSURANCE WAIVER

I/We \_\_\_\_\_, as

*Parent(s) print name(s)*

parents or guardians of children at Pines Christian Academy do acknowledge and understand that Pines Christian Academy does not provide or does not offer any program for accident insurance.

If any injury should occur on the campus or on any school-related activity, I/we agree to assume all expenses incurred from such an injury.

\_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

My children have medical insurance coverage through: \_\_\_\_\_ Policy: \_\_\_\_\_