

# MANNA'S

## Martial Arts

### PARTICIPATION APPLICATION Part 2 of 2

#### REQUESTED AGE SPECIFIC PROGRAM

- Tiny Tigers (Ages 3 & 4)
- Little Dragon (Ages 5 & 6)
- Dragon (Ages 7 through 12)
- Teen/Adult (Ages 13 to 29)
- Songin (Minimum age 30)
- VIP Program- Try It
- Private Enrollment
- After School Program
- Summer Camp
- Outreach Program at:
- ALLEVENTS

MANNA'S STUDENT #: \_\_\_\_\_

## Consent To Treatment of Minor

### AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

The undersigned parent or guardian of \_\_\_\_\_ a minor, does hereby authorize, Manna's Martial Arts employee as agent(s) for the undersigned to consent to any X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general, other care giving, medical treatment or special supervision of any physician and or surgeon licensed under the provision of the Medical Practice Act whether such diagnosis or treatment is rendered at the doctor's office or at the hospital or on location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our 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 judgement deem advisable. Neither said agent or any organization involved assumes any financial responsibility for exercising this action.

(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 or succive code thereto of California to surrender physical custody of such minor to (my) (our) above named agent(s) upon completion of treatment. This authorization is given pursuant to Section 1238 of the Health and Safety Code or succive code thereto of California.

These authorizations shall remain effective until (month) \_\_\_(Day) \_\_\_ 20\_\_\_ OR \_\_\_ until further notice

Initial here: Signature (Parent/Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Parents address and phone number \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Card copy attached yes no

Group # or ID # \_\_\_\_\_

Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Other information: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_