



Mailing Address: 400 Missouri St, SF CA 94107 / www.orshalom.org / (415) 469-5542
School Address: 3201 Ulloa St, SF CA

Bet Sefer Parental Consent Form 2021-22

One per Child

CHILD'S NAME _____

While your child is in our care, an accident, emergency, or illness may occur that requires immediate medical attention without sufficient time to contact parents/guardians. The California Legislature has authorized consent in advance by parents or legal guardians for such treatment (Family Code Section 6910).

Authorization to Consent to Treatment of a Minor

I hereby authorize Or Shalom Jewish Community Religious School's representative to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment or hospital care that is deemed advisable by, and is to be rendered under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment or hospital care that is deemed advisable by, and is to be rendered under the supervision of any dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, hospital, or otherwise.

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 said agent(s) to give specific consent to any and all such diagnosis, treatment and hospital care that such physician or dentist in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6550-6552 of California and shall remain effective until revoked. It is understood that every effort will be made by Or Shalom Jewish Community Religious School to contact me before exercising this authorization.

I hereby authorize Or Shalom Jewish Community Religious School to engage for my child _____ at my expense any necessary emergency medical or dental care, until I can be informed and make further arrangements. I hereby incorporate by reference the "Authorization to Consent to Treatment of a Minor" as set forth above. This authorization will expire on June 30, 2022.

I expressly withhold such authorization.

I give Or Shalom Jewish Community authorization to take and post (unnamed) photos of my household members on the website and Bet Sefer community social media.

Signature of parent or guardian _____

Name of parent or guardian _____ Date _____