

Permission / Medical Release Form

Event: _____ Date: _____ Time: _____

Name: _____ Age: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home (____) _____ - _____ Cell (____) _____ - _____

Parents Insurance Company: _____

Other Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release:

By signing this release form, photos taken of your kids can be used online for Youth Ministry purposes. #ccsdyouth

Please fill out the information on the bottom well



Health History:

To protect your child from possible embarrassment, but not to exclude him/her from the program, please list any health concerns that we should be aware of. Also include any known allergies to drugs/and or insect stings.

A. _____ B. _____ C. _____
Heart Disease _____ Sleep Walking _____ Asthma _____ Convulsions _____ Diabetes _____
Chicken Pox _____ Measles _____ Mumps _____

Date Of Last Tetanus Shot: ___/___/___ List any medication you are taking: ___/___/___

Authorization To Consent To Treatment:

In the event of a minor illness or injury (such as cold, headache, scrapes, abrasions, and/or small cuts I do authorize the Youth Pastor, EMT, or R.N. to give my child common remedies such as Tylenol, cough medicine, etc... in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

Signature of Parent or Guardian: _____ Date: ___/___/___

(I), (We), guardian of _____ do hereby authorize CALVARY CHAPEL, as agents 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 a licensed hospital, whether such diagnosis or treatment is rendered at office for said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care rendered but it is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California.

Signature of Parent or Guardian: _____ Date: ___/___/___