

**CALVARY CHAPEL MORRIS HILLS
CHILDREN'S & YOUTH/STUDENT MINISTRY
MEDICAL RELEASE FORM & PERMISSION SLIP**

As a parent/legal guardian of _____, I have reviewed the information about the event/outing to _____ on (date) _____ or _____ (rain date if applicable) and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Calvary Chapel Morris Hills and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Calvary Chapel Morris Hills, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Emergency Contact Person

Parent/Guardian Name (Please Print) _____ Name of Child/Student _____

Parent /Guardian Signature _____ Date _____

Address/City/Zip _____

Work Phone # _____ Home Phone# _____ Cell Phone # _____

Students Social Security Number _____ Students Date of Birth _____

Alternate Contact Person

Name: _____

Address/City/Zip _____

Work Phone # _____ Home Phone# _____ Cell Phone # _____

Health & Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is in the activity.

Do you have health insurance? Yes____ No____

Health/Med. Ins. Co. _____ Policy Number _____

In whose name is the insurance? _____

Family Doctor's Name _____ City _____ Phone # _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her during their time with the youth ministry activity.

Health History

Any pre-existing medical conditions

Name and dosage of any medications that must be taken

Allergies _____

Medications _____

____ Hay fever ____ Heart conditions ____ Diabetes

____ Insect Stings ____ Epilepsy/Nervous Disorders ____ Asthma

____ Frequent Stomach Upsets ____ Physical handicap

____ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) _____

Any swimming restrictions? ____ Yes ____ No If yes, what are they? _____

Any activity restrictions? ____ Yes ____ No If yes, what are they? _____

Any other restrictions, details, information, that we should know about? (Please Explain) _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown of this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Calvary Chapel Morris Hills and its agents during the events and activities. I understand the possibility of risk. I agree not to hold the Calvary Chapel Morris Hills, its leaders, employees, and volunteer staff for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent /Guardian Signature _____ Date _____

Signature of Student (if over 18 years of age) _____