CITYREACH 2018

Anaheim Omaha Arlington

www.gocityreach.com

☐ CRAnaheim ☐ CROmaha

Medical Authorization

Name:_____ Age:____ Grade:____ ☐ Male ☐ Female

Address:_____

City:_____ State:____ Zip:_____

Sponsor's Name:_____ Pastor's Name:_____

Attending Church Name:_____

In case of emergency, notify:

Name of Parent / Gaurdian:_____

Address:_____

City:_____ State:____ Zip:_____

Primary Phone:_____ Circle one: Home / Cell / Work

Secondary Phone:_____ Circle one: Home / Cell / Work

Secondary emergency contact:

Name:_____ Relation:_____

Address:_____

City:_____ State:____ Zip:_____

Primary Phone:_____ Circle one: Home / Cell / Work

Secondary Phone:_____ Circle one: Home / Cell / Work

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Will the camper be taking medication while at CityReach? ☐ Yes ☐ No

Medicine:_____ Dosage:_____ Time of Day:_____

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Medicine:_____ Dosage:_____ Time of Day:_____

Medicine:_____ Dosage:_____ Time of Day:_____

Major medical history (check all that apply):

☐ Asthma ☐ Diabetes ☐ Kidney Trouble ☐ Heart Condition:_____

☐ Dizziness ☐ Bronchitis ☐ Sinusitis ☐ Concussion ☐ Other:_____

Please list any allergies:

_____

_____

_____

_____

Permission to administer (check all that apply):

☐ Tylenol ☐ Ibuprofen ☐ Benadryl ☐ Antacids ☐ Cold Medication ☐ Antibiotic Cream

Has CityReacher recently been under a doctor's care? (explain):

_____

_____

_____

_____

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Consent for Medical Treatment and Media Release

I give full permission for the above to attend CityReach and to take part in all activities. My child will not attend if he/she has been exposed to a contagious disease of if he/she is not in good physical condition. I do not hold CityReach Personnel and/or Sponsors responsible or any accident or illness; and if necessary, authorize CityReach Personnel and/or Sponsors to take my child to a physician or hospital. I also give my full consent for the doctor selected to render professional services to my child, if he/she becomes ill or is involved in an accident. As a parent/legal gaurdian, I give my permission for the above to be photographed and/or filmed during CityReach for the purpose of publications, multimedia, or website.

Charges for Insurance

Company Name:_____

Address:_____

City:_____ State:____ Zip:_____

Phone:_____ Policy Number:_____

Have doctor bill me:

Company Name:_____

Address:_____

City:_____ State:____ Zip:_____

_____ _____

Parent/Gaurdian Signature Date