Parent Permission / Medical Consent Form

*** For rafters under the age of 18 ***

Name of person rafting:_____( )Male
Address: _____( )Female
City:_____Zip:_____Phone:_____
Present age:_____Birthdate_____

Parent or guardian:_____

Parent or guardian:_____

Address:_____
City/State:_____Zip:_____Phone home:_____
Present age:_____Birthdate:_____Work:_____
2nd work:_____

As parent/legal guardian of the above listed participant, I do hereby give my permission for him/her to participate in the Calvary Chapel whitewater rafting trip on (date)_____. I also as parent/legal guardian of the above, do hereby authorize the Calvary chapel whitewater ministry staff, specifically, Joe Pratchard, Bob Scott, Tom Grant, or Britt van Baalen to secure necessary medical attention for my child: _____in the event of my absence.

Please list any known allergies:_____

Please list any known reaction to medication:_____

In the event of an illness, I understand that a conscientious effort will be made to notify me or:_____
Name Address Phone

Signature:_____
Parent or Legal Guardian

Participant's Physician:_____
Address:_____Phone#_____

Participant's Dentist:_____
Address:_____Phone#_____