



All Activities Form for 2017-2018 Academic Year

Student Information -- Parent Consent/Medical Treatment Form

(Please print. All information is important and will be used for church purposes only.)

By signing this form below, I am giving permission for my student to participate in CAC Youth Ministry activities, both weekly and at special events, on site and off site.

Student's Name: _____ Male Female

Address: _____

City: _____ Zip: _____ Birthdate: _____

Student's Cell #: _____ Home #: _____

School Attending: _____ Grade: _____

Parent / Guardian Email Address: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Guardian's Name: _____ Cell#: _____

I, the undersigned parent or guardian of the above student, a minor, do hereby authorize adult workers with the youth of **Community Alliance Church** to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or 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 the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services. I also release The Christian & Missionary Alliance staff and volunteers from liability resulting from any accident.

Insurance Company or Group: _____

Policy Number: _____

Allergies: _____ Glasses/Contacts: yes no

Signature of Parent or Guardian: _____

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

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