

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

2008

(please print)

Name _____ Birth date _____

Weight _____ Parent/Guardian _____

Home Phone () _____ Emergency Phone () _____

Address _____ City _____

State any pertinent medical information _____

Physician _____ Phone () _____

Family Health Insurance _____

Subscriber's Name _____ Policy # _____

Insurance Mailing Address _____

In case of illness or injury, Calvary Bible Church has my permission to procure medical treatment for the above named minor. I understand that Calvary Bible Church does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all fees and charges arising from illness or injury that may occur to the above named minor during this activity with Calvary Bible Church.

Signature of Parent/Guardian

date