

**CALVARY BIBLE CHURCH,  
2024 Medical Release  
Please fill out carefully and sign**

Participant's name (please print): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions (e.g., asthma, diabetes, hemophilia, epilepsy, allergies, etc.): \_\_\_\_\_

Medications Instructions \_\_\_\_\_

Type \_\_\_\_\_ Dosage \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group/ID No.: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize any person connected with **CALVARY BIBLE CHURCH**, or any activity or event, to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense. I authorize the supervisors in the youth department to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expenses of my youth being sent home because of a disciplinary action.

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS MEDICAL RELEASE, AND I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR, AND I HAVE AUTHORITY TO ENTER INTO THIS AGREEMENT ON HIS/HER/THEIR BEHALF.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CALVARY BIBLE CHURCH,  
2024 Photo Release**

I authorize any person connected with **CALVARY BIBLE CHURCH**, or any activity or event, to post group photos of events and activities that I or my child may be in on the Calvary Bible Church website and possibly various social media sites connected to Calvary Bible Church.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_