CALVARY BIBLE CHURCH,
2018 Medical Release
Please fill out carefully and sign

Participant's name (please print):_____Birth Date:_____

Address: _____

City, St ate, 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: _____

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: _____