

CALVARY CHAPEL OF EL CAJON YOUTH DEPARTMENT

MEDICAL RELEASE FORM

Effective as of August, 2011

This release form covers transportation to and from Calvary Chapel of El Cajon and gives consent for my son/daughter to participate in any and all activities and/or events with Calvary Chapel of El Cajon.

Name _____ Sex _____ Age _____ Grade _____
Address _____ Apt. # _____ Date of Birth _____
City _____ Zip _____ Phone(s) _____

Father's Name _____ Phone(s) _____
Employer _____ Address _____ Phone _____

Mother's Name _____ Phone(s) _____
Employer _____ Address _____ Phone _____

Doctor _____ Phone _____
Preferred Hospital _____ General Address _____
Insurance Provider _____ Policy or Med. Record # _____

IN CASE OF EMERGENCY, WHEN PARENT / GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Relation _____ Phone _____ Pgr/Cell # Phone _____
Name _____ Relation _____ Phone _____ Pgr/Cell # Phone _____
Name _____ Relation _____ Phone _____ Pgr/Cell # Phone _____

PLEASE CHECK THE APPROPRIATE BOX

Does your teen have any physical restrictions? Yes [] No [] Does your teen have any allergies? Yes [] No []
Is your teen presently taking any medication? Yes [] No [] Does your teen experience asthma? Yes [] No []
Is your teen allergic to any medication? Yes [] No []

If you checked yes to any of the above, please explain: _____

I/We the Parents/Guardian of the minor named above do hereby authorize Calvary Chapel of El Cajon, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under, the general or specific 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 hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in advance to provide authority and power of the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment deems advisable. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of CA.

_____/_____/20
Mother/Father or Legal Guardian Signature Printed Name Today's Date