

## Calvary Christian fellowship of Tucson - Youth Ministry Medical Release & Consent Form

I give my consent for my child \_\_\_\_\_ to attend and Participate in the customary events on the church property located at 3875 N Business Center Drive, Tucson and **off property** activities sponsored by Calvary Christian Fellowship of Tucson such as, but not limited to; swimming, camping, boating, hiking, overnights, sports, concerts, mission trips, and camps for **2008**. I understand that there will be adult supervision at each event. I also understand that if there are any changes in the information presented, I will notify Calvary Christian Fellowship of Tucson immediately.

**Authorization to Consent to Treatment** I the parent/guardian of the child named above on this form, do hereby authorize Calvary Christian Fellowship of Tucson and its adult leadership as agents for the undersigned to administer over the counter non-prescription medications including but not limited to Tylenol and Advil in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary. I, also, consent to any emergency x-ray, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said 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 in part of aforesaid agents. The expense of such treatment is agreed to be the sole obligation of the undersigned, and Calvary Christian Fellowship of Tucson is hereby released from responsibility to pay for such services rendered. I further agree that Calvary Christian Fellowship of Tucson, its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said minor.

Youth's Full

Name \_\_\_\_\_

Home

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth

Date \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy

Number \_\_\_\_\_

Family Physician & **Phone**

**Number** \_\_\_\_\_

Dentist & **Phone**

**Number** \_\_\_\_\_

Date (**year**) of last tetanus shot \_\_\_\_\_ Current with Immunization? Yes \_\_\_\_\_

No \_\_\_\_\_

Is your child currently taking any medication? \_\_\_\_\_

Medication or food allergies? \_\_\_\_\_

Are there any known conditions that would prevent your child from participating or engaging in any activities or events listed above? \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Please List 2

Numbers \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell  
# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell  
# \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I do  do not  agree to allow Calvary Christian Fellowship of Tucson to use  
photograph(s)

of my child on their website and/or in the Youth rooms or on church property.

Calvary Christian Fellowship of Tucson Medical Release Form 8/23/2007 2 of 2

Legal Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_