

Medical Release Form / Permission Slip
Junior High Camp
July 22-July 28, 2007

Student's Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: [home] _____ [cell/other] _____

Male: _____ Female: _____ Age: _____ DOB: _____

Insurance Carrier: _____ Policy #: _____

Name of Policy Holder _____ Date of last tetanus shot: _____

Is student allergic to any medications? _____

List any medication student is currently taking: _____

In accordance with the provisions of section 25.8 of the California Civil code, I hereby authorize Calvary Chapel Grass Valley as agents to procure medical, hospital, surgical or dental diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and 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 office of said physician or at said hospital.

I also understand and agree that Calvary Chapel Grass Valley shall not be liable for any damages arising from personal injury or property sustained by the above noted child. In the event of injury or illness while the child is in the care of the above named organization, I understand and agree that I am financially responsible for any medical care so procured.

I give my above noted child permission to attend.

[parent/guardian signature]

[date]

[parent/guardian Print Name]

Emergency Contact Information:

[Name]

[Phone Number]

[Name]

[Phone Number]

Please return completed form to Calvary Chapel Grass Valley, 10050 Wolf Road, Grass Valley, CA 95949.