

Calvary Chapel

of the Hudson Valley

PERMISSION/MEDICAL RELEASE FORM

Name _____ Phone _____

Address _____ City _____

Zip _____ Birth Date ____/____/____

School _____ Grade _____

Parent/Guardian's Name _____

Visitor? Who invited you? _____

I give permission for my child to join the **Calvary Chapel Hudson Valley Youth Groups and its Leaders** to participate in the following church sponsored activity:

I hereby release CCHV and the Leaders of this activity from responsibility and/or liability for any illness and/or injury that my child may sustain during this activity. In the event of an emergency, I, _____, hereby authorize an Adult Leader of this activity as agent for me, to consent to medical care for my child, _____, as deemed necessary by a licensed professional.

Date _____ Parent's Signature _____

EMERGENCY PHONE #s (Include area code) 1. _____ 2. _____

OTHER EMERGENCY CONTACT NAME AND PHONE #:

Name _____ Relationship _____

Phone # _____

Medical Information

Allergies (PLEASE INCLUDE SEASONAL, MEDICINAL, AND FOOD ALLERGIES)

Medication Being Taken _____

Physical Limitations (or things we should know about) _____

Medical Insurance Company _____

Name of Policy Holder _____

Policy # _____