

# 2010 EMERGENCY CONTACT, TREATMENT AUTHORIZATION, AND LIABILITY RELEASE FORM FOR CALVARY CHRISTIAN CHURCH

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby give my consent for a physician to provide medical or surgical care for my child/youth should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I do hereby authorize the person(s) named below 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 to be rendered under the general or special supervision of any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physical 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 to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

I, on behalf of myself and all others who are a parent or guardian of the above-named child/youth, in consideration of the above-named child/youth's participation in activities or events related to Calvary Christian Church in the year 2010, hereby release Calvary Christian Church, its ministers, elders, board, trustees, sponsors, and members, and any other people officially associated with activities and events of Calvary Christian Church, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in such events. I am responsible to prevent the above-named youth's participation in activities/events of which I do not approve. I am responsible to become aware of the risks of participation. I understand that participation in activities/events is strictly voluntary and the above-named child/youth, with my permission, freely chooses/has chosen to participate. I understand that the church does not provide medical coverage for the above-named child/youth. I verify that I will be responsible for any medical costs incurred as a result of the above-named child/youth's participation.

The above-named child/youth is allergic to the following food(s) and/or medication(s):

\_\_\_\_\_

and/or taking the following medication(s) on a regular basis:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

(Mother/guardian) Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Father/guardian) Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health/hospitalization Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Person to contact if we cannot be reached: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_