



Child's Name: _____ Age: _____

Home Address: _____

Parent(s) or Guardian(s) Name: _____

Home Phone: _____ Work Phone: _____

Parent Guardian Employed by: _____

Name of Child's Insurance Co. _____ Policy Number: _____

Is policy active and in full force of coverage at this time? YES _____ NO _____

Name of Family Doctor: _____

Family Doctor's Phone: _____

Medicines or antibiotics child may be allergic to: _____

Brief Medical History: _____

Person to Contact (other, than parent or guardian) in case of Emergency:

Name: _____ Phone: _____

Additional Comments (if any) _____

As the legal parent or guardian of _____ I give my permission, that in the event my child requires medical treatment, the Calvary Baptist Church Youth director, and workers have my permission to have my child examined by a licensed medical physician or EMT. I also agree to allow emergency medical personnel to administer first aid treatment to my child. I hereby give my consent for the afore mentioned treatment, and will hold harmless and non-labile the licensed physician, medical personnel, church, and church representative.

Signature: _____ Date: _____

Print Name: _____