PARENTAL CONSENT FORM FOR CALVARY CHAPEL PACIFIC COAST

PLEASE PRINT

Name: _____ Age: _____ Date of Birth: _____
First Last

Address: _____
Number Street Apt. City Zip

E-mail: _____ Male _____ Female _____

Phone: _____ _____ _____
(Area Code) Home Number (Area Code) Cell Number (Area Code) Work Number

Insurance Co: _____ Group / Policy # _____

_____ _____
Insurance Co. Phone Number Name of Policy Holder

Alternate Contact (For Emergency) Name: _____

Phone: _____ Relationship to Youth: _____

Circle Group Junior's Junior High High School _____
Event Title

CONSENT FOR TREATMENT

(I), (We), (parents), (guardian) of _____ do hereby authorize CALVARY CHAPEL 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 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.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care rendered but it is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of the State of California.

_____ _____
(Father, Mother or Legal Guardian) Month Day Year

Are you restricted from any physical activities? _____
List any medication you are presently taking: _____
List any allergies: _____
Date of child's last tetanus shot: _____
Are you presently under any treatment for: Asthma _____ Rheumatic Fever _____
Heart Disease _____ Other Major Illnesses _____
Sugar Diabetes _____ Psychiatric Problems _____
If yes, please explain: _____

_____