

CALVARY CHAPEL HEALTH AND WAIVER FORM

Church Outing: **All School Field Trips**

General Information:

Student's Name _____ Birthdate _____ Age _____

Father's Name _____ Phone () _____

Mother's Name _____ Phone () _____

Home Address _____

Employer _____

In case of emergency and parents cannot be contacted, please call:

Relative: Name _____ Phone () _____

Neighbor: Name _____ Phone () _____

(One of these individuals should be available to pick up your child if necessary)

Health Information:

Insurance Company _____ Policy# _____ Group# _____

Doctor's name _____ Phone () _____

Is student allergic to any drugs? ___ please specify _____

Does student have any allergies? ___ please specify _____

Date of last tetanus booster? _____

Does the student take any medications regularly _____

Are there any behavioral concerns? _____

Are there any activity restrictions? _____

In case of Injury or Illness, "I/we hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary for the welfare of the said minor. I understand every effort will be made to notify parents or guardian of camper. In the event of an injury I will not hold Calvary Chapel of Tri-Cities liable. I acknowledge that I have read this form completely and understand the Church policies."
PARENT'S SIGNATURE _____
Date: _____

PARENTS:
Please read, sign and date and return.