

Medical Release:

Each Passenger 18 years of age and under must have on file with Calvary Chapel Golden Springs a medical release form signed by a parent or guardian. Any medication (including prescriptions) to be administered during your child's time at camp usually will be administered by his/her Group Director or designated representative. All medication should be clearly labeled with all pertinent information, including student's **FULL** name, dosage, **AND** when administered, etc., and given to the Group Director on the morning your child leaves.

In the event of a minor illness or injury;(such as cold, headache, scrapes, sprains, abrasions, and/or small cuts). I do authorize the Group Director, Staff, R.N. or EMT to give your child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN:

This health history is correct so far as I know, and the herein described has permission to engage in all prescribed activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Group Director (or his/her representative) to order X-rays, routine test, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the scheduled program with Calvary Chapel Golden Springs, unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel, it's Board of Directors, officers, and staff are hereby relieved of all liability in the event of an accident or injury to said minor.

Parent or Guardian Signature: _____

Date: _____

Please Print Name: _____/Relationship _____

Home Phone() _____

Work /Emergency Phone:() _____

Minor's Signature: _____ Date: _____

Other Emergency Contacts:

Name: _____ Phone: () _____
(neighbor ___/relative___)

Name: _____ Phone: () _____
(neighbor ___/relative___)