

PARENTAL WAIVER/MEDICAL RELEASE FORM AUGUST 2011-JULY 2012

As consideration for Calvary Bible Church of Huntsville, Alabama, permitting my child

_____ (child's first and last name)

to participate in its programs, I hereby release Calvary Bible Church, its ministers, administrators, and volunteer workers from any liability or claims which may arise related to my child's participation in programs or trips sponsored by Calvary Bible Church. I hereby agree that I will not assert any claim against Calvary Bible Church, its ministers, administrators, or volunteer workers for any injuries incurred by my child related to programs or trips sponsored by Calvary Bible Church.

In case of an emergency, all efforts will be made to contact the individuals listed below. In the event that the leaders are unable to reach these individuals, I, _____ (name of parent or guardian), give my permission to the counselor in charge at Calvary Bible Church to secure proper medical attention for my child _____ (name of child).

In case of an emergency, please notify the following (please list two people we may contact):

PARENT OR GUARDIAN NAME: _____ RELATIONSHIP _____

ADDRESS _____ ZIP CODE _____

HOME PHONE _____ OFFICE PHONE _____ CELL PHONE _____

NAME #2 _____ RELATIONSHIP _____

ADDRESS _____ ZIP CODE _____

HOME PHONE _____ OFFICE PHONE _____ CELL PHONE _____

CHILD'S FULL NAME _____ DATE OF BIRTH _____

AGE _____

INSURANCE COMPANY _____ POLICY # _____

INSURANCE CO. ADDRESS _____

INS. CO. PHONE _____ NAME OF POLICY HOLDER _____

CHILD'S PRIMARY CARE PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL: _____

PLEASE LIST ANY SPECIAL MEDICAL INFORMATION (ALLERGIES, INJURIES, LIMITATIONS)

(Use reverse side if necessary _____

IS THE CHILD TAKING ANY MEDICATION REGULARLY? _____

Children up to age 12 will be held in their club rooms until a designated adult picks them up. Please list those individuals, with phone numbers and their relationship to your child, to whom we can release your child. They will be released to no other without written consent from parent or guardian.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____