

**PERMISSION/MEDICAL RELEASE FORM**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
ZIP \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_ CHURCH \_\_\_\_\_  
GRADE: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CIRCLE T-SHIRT SIZE: YOUTH: S M L ADULT: S M L XL 2X 3X

PARENT/GUARDIAN'S NAME \_\_\_\_\_

VISITOR? INVITED BY: \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF CALVARY CHAPEL LYNCHBURG, VA, IN THE FOLLOWING ACTIVITY: \_\_\_\_\_ WHICH IS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

\_\_\_\_\_  
DATE: MO/DAY/YR PARENT'S/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)**

ALLERGIES \_\_\_\_\_

MEDICATIONS BEING TAKEN \_\_\_\_\_

PHYSICAL HANDICAPS \_\_\_\_\_

MEDICAL INSURANCE Co. \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_

POLICY # \_\_\_\_\_

**YOU WILL NOT BE ALLOWED TO GO ON ANY YOUTH TRIP OFF-CAMPUS WITH CALVARY CHAPEL LYNCHBURG WITHOUT A PERMISSION SLIP SIGNED BY YOUR PARENT/GUARDIAN ON FILE.**