

**CBC Student Ministry**  
**3355 Constellation Road**  
**Lompoc, CA 93436**

Parent/Guardian Medical Information & Permission Form

(Please Print) \_\_\_\_\_  Male  Female  
Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_

Emergency Contact Person:

Parent/Guardian Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Address \_\_\_\_\_ (Work) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Contact Person:

(Use someone near the primary contact)

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Address \_\_\_\_\_ (Work) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Calvary's medical insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury.

Do you have health insurance? Yes \_\_\_ No \_\_\_

Name of insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family doctor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Health History:

Any pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

\_\_\_\_\_

Any allergies? \_\_\_\_\_ to Medications? \_\_\_\_\_

Hay Fever  Heart Condition  Diabetes  Epilepsy

Asthma  Nervous Disorders  Insect Stings

Handicap  Frequent Stomach Upsets

Any major illnesses during the past year?

If any of the above are checked, please give details

(i.e., include normal treatment of allergic reactions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Contact lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ What? \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activities, please send us the necessary information to give him/her proper medical care.

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on this form. In the event I cannot be reached in an emergency during a trip or activity, I hereby give permission to the physician or dentist selected by the leaders to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

Parent and student release statement:

As parent/legal guardian of (name of student) \_\_\_\_\_,

I give my permission for the subject of this release to be involved in the overall activities of Calvary's Student Ministry. I acknowledge that if the subject of this release has to return home early for discipline violations, it will be at my expense.

I understand all reasonable safety precautions will be taken at all times by Calvary Baptist Church and its leaders during trips and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Calvary Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_