

**Medical Release Form for High School Ministry of ccdelco  
and Middle School Extreme of ccdelco  
2019 Fall Weekend | September 27-29, 2019**

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Participant's Phone Number: \_\_\_\_\_

**Parent/Guardian/Emergency Contact Information:**

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email Address: \_\_\_\_\_

Any allergies or other medication? \_\_\_\_\_

Limits to activities \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Company Phone # \_\_\_\_\_

**Name of Dentist:** \_\_\_\_\_ **Dentist Phone Number:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **Are all immunizations current?** Circle: Yes / No

**Is it OK to administer over-the-counter medications:** Tylenol, Ibuprofen, Benadryl? Circle : Yes /  
No

**Date of last tetanus/ booster shot:** \_\_\_\_\_

**RELEASE/DISCLAIMER**

I do hereby assume full responsibility for any and all damage, injuries, or losses that my child may sustain or incur, if any, while attending, practicing, participating, or witnessing in any program, sport or physical activity occurring in or about the premises or at any off site location. In consideration of my child's participation, I hereby release and covenant not to sue Rock Mountain Bible Camp, ccdelco youth group and the ccdelco church from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by ccdelco.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date of Signature :** \_\_\_\_\_

**MEDICAL RELEASE GRANT TO CONSENT**

I certify that \_\_\_\_\_ is in good health, free from communicable disease and able to participate in all group activities. IN CASE OF MEDICAL and/or SURGICAL EMERGENCY or other necessary medical attention. I hereby request and authorize the ccdelco youth groups leaders and/agents, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, hospitalization, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child. I also give permission for the adults present representing Calvary Chapel of Delaware County to administer the medication or over-the-counter medicines if needed and as indicated above.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date of Signature :** \_\_\_\_\_

**ACTIVITY RELEASE**

I further give permission for my child to participate in all supervised activities.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date of Signature :** \_\_\_\_\_

**RELEASE OF ACTIVITY LIABILITY STATEMENT**

I hereby release \_\_\_\_\_, the owner and employees of the Rock Mountain Bible Camp, ccdelco youth group and the ccdelco church from the responsibility of any liability involving injury or accident to my child participating in the activity listed above on the given date listed. I as the parent or guardian of the participant listed above, I hereby release Rock Mountain Bible Camp, ccdelco youth group and the ccdelco church from the accident or injury causing circumstances and will accept full responsibility for my child’s actions.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date of Signature :** \_\_\_\_\_



