

Jr High Ministry MR Form

Personal Info:

Child's Name: _____ Gender: _____ Grade: _____ Shirt: _____

Parent(s) or Guardian(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Medical Info:

Is your child allergic to anything; Foods, Pets, Meds? Yes No Please List: _____

Can your child have Advil, Tylenol or Benadryl? Yes No List Alternates: _____

Will your child be taking medicine during this event? Yes No Please List: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Consent Info:

I (we) as the Parent(s) or Guardian(s), of the child named, authorize Calvary Chapel Murrieta, as agents for the undersigned to consent to x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care, which is deemed advisable by, and is licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered to the office of the said physician or at the said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to have specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his or her best judgment may deem advisable. I (we) authorize any photos taken at this event to be used for promotional or advertising purposes. I further agree that Calvary Chapel Murrieta staff and volunteers are hereby relieved of all liability in the event of an accident or injury to the child named. This authorization shall remain in effect through the duration of the scheduled dates and times of the Event with Calvary Chapel Murrieta, unless sooner revoked in writing, and delivered to the said agent.

Payment Info:

Cash Check # _____ Deposit: _____ Balance: _____

Notes: _____

NO CELL PHONES ALLOWED AT CAMP. _____ (Parent's Initials)

Signature of Parent or Guardian: _____ Date: _____