

**CALVARY CHAPEL CORONA
PERMISSION SLIP/ MEDICAL INFORMATION**

Name of Activity: _____ Date: _____

Child's Name: _____

Address: _____

Phone number: (home) _____ Cell number _____

Date of birth: _____ Age: _____ Sex: Male or Female

Is child allergic to any food or medicine? _____ If so list what _____

Is child physically restricted in any way? _____

Is child currently taking any medication? _____

Insurance Carrier _____ Group/Medical number _____

I, _____ (printed name of parent/guardian) being the parent
or legal guardian of _____ (printed name of minor) have been

informed of the above activity sponsored by Calvary Chapel Corona and hereby give my consent for my
minor child to participate in this activity. I understand that all reasonable safety precautions will be
taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further
agree not to hold Calvary Chapel Corona and its leaders, employees, and volunteer staff liable for
damages, losses, diseases, or injuries incurred by the minor listed on this form.

I do hereby authorize Calvary Chapel Corona/designee as agents for the undersigned to consent to any X-
ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed
advisable by special supervision of any physician or qualified surgeon licensed by the Medical Practice Act on the
medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or
at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or
hospital care rendered but it is given to provide authority and power to the aforesaid agents to give consent to
any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best
judgment may deem advisable. This authorization is given pursuant to the provisions of Sec. 25.8 of the Civil
code of the State of California.

Signature of Parent/Legal Guardian _____ Date: _____

Please supply us with another adult to contact in case of an emergency.

Name/relationship _____ Phone# _____