



CALVARY CHAPEL SANTEE

CONFIDENTIAL MEDICAL CONSENT FORM

This medical and emergency information form is for your protection. Please examine and fill out both sides and be sure to include your signatures. No applicant will be allowed to participate in any Calvary Chapel trip without this form completely filled out, signed and turned in PRIOR TO THE DATE OF THE EVENT.

NAME OF PARTICIPANT _____
Last/First/Middle

AGE _____ BIRTHDATE _____ HOME TELEPHONE () _____

GENDER: MALE FEMALE

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

PHYSICIAN'S NAME _____ PHONE () _____

ADDRESS _____
Street City

ARE YOU COVERED BY ANY HOSPITALIZATION OR MEDICAL CARE POLICY? YES NO

IF YES, INDICATE NAME OF INSURANCE COMPANY _____

ADDRESS _____
Street City

POLICY NUMBER _____ PHONE () _____

HEALTH HISTORY: To protect your child from possible embarrassment, but not to exclude him/her from the program the following information is required. Also in case of medical emergency. Check and give approximate dates if possible.

General

Bleeding/Clotting Disorder _____

Convulsions _____

Diabetes _____

Frequent Ear Infections _____

Heart Defect/Disease _____

Sleep Walking _____

Operations/Serious Injury (list) _____

Allergies

Food _____

Hay Fever _____

Insect Stings _____

Penicillin _____

Other Drugs (list) _____

Diseases

Chicken Pox _____

German Measles _____

Measles _____

Mumps _____

Asthma _____

- To your knowledge has your child ever been exposed to any communicable diseases within the past 21 days?
Yes No If yes, which ones _____
- Do you know of any health factors, which make it advisable for your child to follow a limited program of physical activity? Yes No
- If your child has any special dietary needs or food restrictions, please list them and advise us of any alternatives or options we might utilize.

- In the event of a minor illness (such as cold or headache), do you authorize the director, his/her representative of this camp to give your child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age? Yes No
Please list specific instructions: _____

5. Please list any medications that your child will need to have while at camp.

| <u>Medication</u> | <u>Dosage</u> | <u>When Taken</u> |
|-------------------|---------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Any medication (including prescriptions) to be administered to your child during the event will be administered by his/her counselor or designated health representative. All medication should be clearly labeled with all pertinent information, including the child's FULL name, dosage and when it should be administered etc., and given to the counselor or designated health representative the day of the event.

PERSON TO NOTIFY IN CASE OF

ILLNESS/INJURY _____ RELATIONSHIP? _____

ADDRESS _____
Street City

(AREA CODES)

PHONE () _____ CELL# () _____ WORK () _____

OTHER EMERGENCY CONTACTS

NAME _____ NAME _____

PHONE _____ PHONE _____

RELATIONSHIP? _____ RELATIONSHIP? _____

I, the Parent or Legal Guardian of the above named participant, give my consent to have my son/daughter participate with Calvary Chapel Santee in the event offered by Calvary Chapel Santee

from _____ to _____ , _____
Date Date Year

SIGNATURE OF PARENT OR LEGAL GUARDIAN