

# Calvary Chapel Grand Junction Youth Ministry

## Consent and Medical Release Form

Parents or Guardians, we have made it our policy to have our Youth Ministry Leaders carry this form filled out by you before they can take your child on any special events.  
This form is essential to have in case of an accident or illness.

### Consent Form

Child's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents or Guardians names: \_\_\_\_\_

I request that my child be allowed to participate in this Calvary Chapel Youth Ministry Event,

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Release Form

(Every effort will be made to contact the parent/guardian in the case of accident or illness)

I (We), as the parent(s) or Guardian(s) of the child named on the above consent form, do hereby authorize Calvary Chapel Grand Junction, 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, 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 a specific consent to any and all such diagnosis, treatment or hospital care which is the aforesaid physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain in effect through the duration of the scheduled dates and times of the event with Calvary Chapel Grand Junction, unless sooner revoked in writing and delivered to the said agent. I further agree that Calvary Chapel Grand Junction and staff are hereby relieved of all liability in the event of an accident or injury to the child stated above.

Is it acceptable to give your child Tylenol for headaches, pain, etc? Yes No

Does your child have any medications for this event? Yes No

If so, name of medication(s): \_\_\_\_\_

Please list **TWO** contacts and phone numbers in case of emergency (other than the number listed above)

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_