

Last Name: _____

Consent / Medical Release Form

Name: _____ Age: _____ DOB: _____

Parent or Legal Guardian _____ Home Phone: _____

Address: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Emergency Contact Name and Phone: _____

Medical Information:

Please document any additional condition or treatment information on the back of this form:

Illnesses: _____

Allergies: _____

Surgeries: _____

Last Tetanus shot: _____ Bee Sting Allergy? Y / N Seizures? Y / N

Asthma? Y / N If yes, does camper have inhaler with him/her? Y / N

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Insurance Company: _____ Policy #: _____
Group #: _____

Medical Consent

I hereby grant permission for my son/daughter _____ to participate in the soccer camp sponsored by Calvary Bible Church. I hereby waive and absolve Calvary Bible Church, its staff, and administration of any and all liability and responsibility for injuries, sickness, and/or accidents while participating in or resulting from such participation in the soccer camp.

If _____ is injured or otherwise in need of emergency medical care and I cannot be reached, I agree to have _____ taken to the emergency room at (St. Ann's / Riverside / Children's) Hospital for evaluation and treatment.

Permission for the medical authorities to treat is hereby granted.

Parent or Guardian Signature Date: _____

Parent or Guardian Printed Name