

CALVARY CHAPEL SANTA FE SPRINGS

WORD · PRAYER · WORSHIP · MISSIONS

MEDICAL HISTORY AND RELEASE FORM



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MEDICAL HISTORY AND RELEASE FORM

EVENT NAME:	EVENT NAME:
EVENT DATE:	EVENT DATE:
GENERAL CHILD/YOUTH INFORMATION	GENERAL CHILD/YOUTH INFORMATION
Child's Name: Age: Gender:	Child's Name: Age: Gender:
Parent/Guardian Name:	Parent/Guardian Name:
Home Phone: Work:	Home Phone: Work:
Cell Phone:	Cell Phone:
Home Address:	
City: CA Zip:	City: CA Zip:
n Emergency, notify:	In Emergency, notify:
Phone:	Phone:
Address:	Address:
City: CA Zip:	
Relationship:	Relationship:
HEALTH HISTORY (Please list dates as well)	HEALTH HISTORY (Please list dates as well)
Frequent Colds Kidney Trouble Chickenpox	Frequent Colds Kidney Trouble Chickenpox
Sinusitis Bedwetting Measles	Sinusitis Bedwetting Measles
Mumps Coughs German Measles	Mumps Coughs German Measles
Convulsions Abscessed Ears Athlete's Foot	Convulsions Abscessed Ears Athlete's Foot
Bronchitis Sleepwalking Whooping cough	Bronchitis Sleepwalking Whooping cough
Gainting Constipation Nose Bleeds	Fainting Constipation Nose Bleeds
Stomach Upsets Rheumatic Fever Tuberculosis	
Serious Ivy Oak or Sumac Poisoning Asthma	Serious Ivy Oak or Sumac Poisoning Asthma
* Please continue on flin side *	* Please continue on flin side *

HEALTH HISTORY (CONTINUED)	HEALTH HISTORY (CONTINUED)
Operation or Serious Injuries	Operation or Serious Injuries
Please Explain:	Please Explain:
Allergic Reactions:	Allergic Reactions:
Bee Sting Penicillin Other Drugs	Bee Sting Penicillin Other Drugs
List all medications currently being taken: (include dosage):	List all medications currently being taken: (include dosage):
List activities that are to be restricted, such as swimming, climbing, etc:	List activities that are to be restricted, such as swimming, climbing, etc:
MEDICAL AND LIABILITY RELEASE FORM	MEDICAL AND LIABILITY RELEASE FORM
Should emergency medical treatment be necessary, I authorize Leadership or Overseers	Should emergency medical treatment be necessary, I authorize Leadership or Overseers
of Calvary Chapel Santa Fe Springs to act on my behalf and approve appropriate treatment. I also release from any and all liability of Calvary Chapel Santa Fe	of Calvary Chapel Santa Fe Springs to act on my behalf and approve appropriate treatment. I also release from any and all liability of Calvary Chapel Santa Fe
Springs and its board as well as any of the church staff, board, and adult sponsors, in	Springs and its board as well as any of the church staff, board, and adult sponsors, i
the event of any accident in route, during, and returning from this event.	the event of any accident in route, during, and returning from this event.
I hearby give permission to the nurses or physician selected by the Calvary Chapel	I hearby give permission to the nurses or physician selected by the Calvary Chapel
Santa Fe Springs leadership or overseers to hospitalize, secure proper treatment	Santa Fe Springs leadership or overseers to hospitalize, secure proper treatment
for and to order injection, anesthesia or surgery for my child named above as deemed necessary to avoid extreme or permanent physical damage or death.	for and to order injection, anesthesia or surgery for my child named above as deemed necessary to avoid extreme or permanent physical damage or death.
Health Insurance Carrier	Health Insurance Carrier
Policy Number:	Policy Number:
Name of Insured:	Name of Insured:
Copy of Medical Card attached: YES	Copy of Medical Card attached: YES

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature