



**CAMP/EMERGENCY MEDICAL RELEASE FORM 2009 – 2010**

**PARENT/GUARDIAN:** PLEASE STAPLE A COPY OF **BOTH SIDES** OF YOUR MEDICAL INSURANCE CARD TO THIS SHEET AND RETURN TO CAMP.

This form must be completed and presented to a High School Leader or Jr. High Leader.  
Make sure that all areas of this form are completely filled in. (Please print legibly).

If all information is not complete the parent/guardian will be billed as private pay and will be responsible for the bill.  
Your cooperation is greatly appreciated, Thank you.

**Parent/Guardian Authorization:** This health history is correct to the best of my knowledge and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Emergency Authorization:** I hereby give consent of the medical personnel attending to the treatment of my child or myself to order x-rays, routine tests and treatment, and in the vent I cannot be reached in a emergency, I hereby give consent to the attending Physician to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named on this form. This form may be copied.

Signature of Parent/Guardian  
or Adult Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand and agree to abide with the restrictions placed on my camp activities.**

Signature of Minor Camper  
(under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY ADMISSION INFORMATION**

\*Parent/Guardian ~ These questions will be asked of your child in the event that there is a need to take him/her to the Emergency Room of a hospital. Having this information available will expedite the admission process and treatment of injuries or illness.

**CAMPER'S INFORMATION**

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Camper's Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Camper's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Camper's Social Security Number: \_\_\_\_\_

(OVER)

**PARENT/GUARDIAN INFORMATION**

**Father's Name:** \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Father's Birthday: \_\_\_\_\_ Is Father living at same address as camper? Yes \_\_\_\_\_ No \_\_\_\_\_  
Address (If different): \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ How long? \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Are you Self Employed? \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Mother's Birthday: \_\_\_\_\_ Is Mother living at same address as camper? Yes \_\_\_\_\_ No \_\_\_\_\_  
Address (If different): \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ How long? \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Are you Self Employed? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Complete name of the insurance company: \_\_\_\_\_  
Complete billing address on card: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Is this a PPO? \_\_\_\_\_ If so, please provide PPO Name: \_\_\_\_\_  
Policy Holder's name as it appears on card: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Group # \_\_\_\_\_ Group Name: \_\_\_\_\_  
Policy Holder's Employer's Name (If different from Parent information) and the City and State located.  
\_\_\_\_\_  
Please list any medical concerns we should know about for your child: \_\_\_\_\_  
\_\_\_\_\_  
Date of child's last tetanus shot: \_\_\_\_\_

**MEDICAL RELEASE**

Child's Name: \_\_\_\_\_  
I hereby release, forever discharge and agree to hold harmless, Calvary Chapel Saving Grace and Saving Grace World Missions, of Yorba Linda, CA, its elders, directors, employees and volunteers, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify Calvary Chapel Saving Grace and Saving Grace World Missions, its elders, directors, employees and volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of the above named child, including expenses incurred attendant thereto.  
I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ herein authorize the adult sponsor of Calvary Chapel Saving Grace and Saving Grace World Missions to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, on the advice of any physician or surgeon licensed to practice in the state or country of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. This authorization is given pursuant to Section 25.8 of the Civil Code of California, and shall remain effective until June 30, 2010.

Parents Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_