



Last Name _____, First Initial _____
(Student's)

Calvary Chapel Rancho Cucamonga
Youth Consent Form 2017

(EVERY participant under 18 must submit a fully completed form signed by a parent/ legal guardian prior to the retreat/trip)

Student's Name (last, first) _____ Birth Date _____

I, the Parent or Legal Guardian of the above named student living at:

Address _____ City _____ State _____ Zip _____

Give my consent to have my son/daughter participate with the students from Calvary Chapel Rancho Cucamonga in church sponsored event/s for **December 31, 2016** through **December 31, 2017**.

Health History

To protect your child from possible embarrassment, but not to exclude him/her from the program, the following information is requested. Check and give appropriate dates if possible.

General

Bed Wetting _____
Bleeding/Clot disorder _____
Convulsions _____
Diabetes _____
Frequent Ear Infections _____
Heart Defect/Disease _____
Sleep Walking _____

Allergies

Food _____
Hay Fever _____
Insect Stings _____
Penicillin _____
Other Drugs _____

Diseases

Chicken Pox _____
Measles _____
Mumps _____
Asthma _____

1. To your knowledge, has your child been exposed to any communicable diseases within the past 21 days?

Yes ___ No ___

If yes which _____

2. Do you know of any health factors, which make it advisable for your child to follow a limited program of physical activity? Yes ___ No ___

3. Please give us the name and phone number of your child's regular physician.

4. If your child has any special dietary needs or food restrictions, please list them and advise us of any alternatives or options we must utilize. _____

5. In the event of a minor illness (such as cold or headache), do you authorize the director, of this camp to give your child common remedies such as Tylenol, cough medicine, etc, in dosages appropriate for his/her age?

Yes ___ No ___

*****SIGNATURE REQUIRED ON BACKSIDE*****

6. Please list any medication/s 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 during your child's time at camp usually will be administered by his/her "counselor" or designated health representative. All medication should be clearly labeled with all pertinent information, including student's FULL name, dosage, and when administered, etc, and given to the "counselor" or designated health representative the day your child leaves for the retreat.

IMPORTANT, MUST BE COMPLETED AND SIGNED BY PARENT/ LEGAL GUARDIAN

The health history is correct so far as I know, and the person here in described has permission to engage in all prescribed camp activities except as noted by me and/or physician. I hereby give permission to the physician selected by the Camp Director, Counselor, or Health Representative to order x-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the schedule program with Calvary Chapel Rancho Cucamonga, unless sooner revoked in writing and delivered to said agent. I hereby consent of and authorize the reproduction, publication, and use by Calvary Chapel Rancho Cucamonga for advertising, commercial, or any other purpose of any photography, picture, or likeness of my child. I further agree that Calvary Chapel Rancho Cucamonga, its Board of Directors, and staff is hereby relieved of all liability in the event of accident or injury to said Minor.

Please check if your child has Special Needs: Yes _____ No _____

Special Needs- In order to better serve your son/daughter with special needs, please fill out a "Special Needs Event Consent Form" for every church function/activity your child will be participating in. This will allow us to inform you of any necessary arrangements.

Signature of Parent or Legal Guardian _____ **Date** _____

Printed Name of Parent or Legal Guardian (First & Last) _____

Home Phone _____ Work Phone (Mother or Father) _____

Cell Phone/s: Mom _____ Dad _____

E-mail Address: _____

Other Emergency Contacts:

Name _____ Phone _____
Relationship? _____ Cell _____

Name _____ Phone _____
Relationship? _____ Cell _____

Complete only if applicable:

Said Minor **may not** be released to (first/last name) _____ (state relationship) _____ due to documented legal issues.