

PARENTAL CONSENT AND HEALTH HISTORY - 2012 Winter Retreat / February 10 – February 12

HEALTH HISTORY: To protect your child from the possible embarrassment, but not to exclude him/her from the Program, please list any health concerns that we should be aware of. Also include any known allergies to drugs and/or insect stings. List any other health concerns, allergies, drug reactions:

Date of child's last tetanus _____
Name and phone number of your child's regular physician:
Dr. _____ Phone: (_____) _____

Please list any medications that your child will need to have while at camp:
MEDICATION: _____ DOSAGE: _____ WHEN TAKEN: _____

In the event of a minor illness or injury (such as a cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the leading Pastor (and/or his/her representative), R.N. or EMT to make common remedies such as Tylenol, cough medicine, etc., available to my child in dosages appropriate for his/her age, and to clean, bandage, or wrap wounds as necessary.

Student's Name: _____ M/F: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

E-mail Address (child): _____ Birthdate: _____

School Attending: _____ Town: _____

Insurance Co. _____ Policy#: _____

Emergency Contact Name: _____ Phone: _____

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

The health history is correct as far as I know, and the child herein described has permission to engage in all prescribed camp activities except as noted by me and/or a physician. I hereby give permission to the physician selected by the Pastor (and/or his representative) to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or emergency surgery for my child named above. This authorization shall remain effective through the extent of the scheduled program noted on this form with Calvary Chapel, unless sooner revoked in writing and delivered to agent of Calvary Chapel. I further agree that in consideration of the said Calvary Chapel permitting our child to participate in the aforesaid activity, we hereby agree to indemnify and save harmless said Calvary Chapel, its officers, volunteers, adult chaperones, employees, and agents against any and all claims for loss or liability incurred to our child as a result of said activity.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Student's Signature: _____ Date: _____

IMPACT

2012 WINTER RETREAT

CALVARY CHAPEL OLD BRIDGE / CALVARY CHAPEL MORRIS HILLS



February 10th to February 12th 2012
(Grades 8-12 Only) @ Mont Lawn (Bushkill, PA)

