



Calvary Chapel Real Life

**Parental Consent Form**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents/Legal Guardian Business phone  
\_\_\_\_\_

Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Phone  
Numbers \_\_\_\_\_

Please give the name and phone number of your child's regular physician:  
\_\_\_\_\_

In the event of a minor illness (such as cold or headache), do you authorize the Leadership of *Calvary Chapel Real Life* to give your child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age? **Yes** \_\_\_\_ **No** \_\_\_\_ . Please list any specific instructions:

Please list any medications that your child will need to take during this camp:

**MEDICATION:**

**DOSAGE:**

**WHEN TAKEN:**

**\*List any allergies or special medical problems your child may have.**



Calvary Chapel Real Life

To whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend \_\_\_\_\_ (Name of Child) and participate in activities Sponsored by Calvary Chapel Real Life on \_\_\_\_\_ (Date)

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Calvary Chapel Real Life Church.

Parents Signature \_\_\_\_\_

Circle One

Basketball Cheer/Dance Drama Soccer

Shirt Size Circle One

Child Small Child Medium Child Large Adult Small Adult Medium Adult Large Adult XL Adult 2X Adult 3X