

THE CALL

Calvary Chapel Chino Hills

YOUTH ONGOING WAIVER AND MEDICAL CONSENT

I/We, Parent/Guardian of _____ understand and acknowledge that by consenting to allow my child to participate in youth functions, I shall by law, be deemed to have given up all claims against Calvary Chapel Chino Hills Inc. and each of its overseers, for any injury, accident, illness, or death occurring or by reason of the outing. I agree to release Calvary Chapel Chino Hills of any responsibility for damage to or loss of my child's property occurring during or by reason of the outing.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physical and/or surgeon deemed necessary for the safety and welfare of my child. It is understood that the resulting expense will be the responsibility of the parent(s), or guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

I fully understand that my child is to abide by all rules and regulations governing conduct during this outing. It is understood that any child determined to be in violation of these behavior standards may be sent home at the parent or guardians expense. If my child leaves an event without permission of the overseer, I will not hold Calvary Chapel Chino Hills or the overseer responsible in any way.

I understand my child will be traveling in an automobile in a team of 3 of mixed gender, with at least one adult male or female, for street witnessing in the local area.

**The following must be filled out COMPLETELY and signed.
No Youth shall be permitted on any activity without this form on file.
Please print clearly. Use blue or black ink.**

Youth's Name: _____ Phone: _____

Address: _____ City: _____

Birth Date: _____ Youth lives with (circle one): Birth Father/ Birth Mother/ Both/ Neither

Father: _____ Cell: _____

Mother: _____ Cell: _____

Insurance: _____ Policy Number: _____

Family Physician: _____ Doctor's Phone #: _____

Last Tetanus: ____ / ____ Allergies? _____
Mo. Yr.

Pertinent Information or Special Medications: _____

Other numbers in case of emergency:

Name	Relation	Phone Number
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Parent's/Guardian's Signature		Date
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