

The Christian Center Youth Department
MEDICAL RELEASE FORM
 Effective beginning January 2020

This release form covers transportation to and from The Christian Center and gives consent for my son/daughter to participate in any and all activities and/or events with The Christian Center.

Name _____ Age _____ Date of Birth _____ Grade _____
 Address _____ Apt/Rm# _____ City _____ Zip _____
 Mother / Father / or Guardian's Name _____ Relationship _____
 Phone _____ Cell Phone _____
 Employer _____ Phone _____
 Employer's Address _____
 Doctor _____ Phone _____ Preferred Hospital _____
 Medical Insurance _____ Policy # _____

In Case of Emergency, when Parent / Guardian cannot be reached, Please contact:

Name _____ Relation _____ Phone _____ Pgr/Cell # Phone _____
 Name _____ Relation _____ Phone _____ Pgr/Cell # Phone _____
 Name _____ Relation _____ Phone _____ Pgr/Cell # Phone _____

Is your child's immunizations up to date? Yes No
 If no, please explain: _____
 Date of last tetanus shot: _____

Please check the appropriate box

Does your child have any physical restrictions? Yes No Does your child have any allergies? Yes No
 Is your child presently taking any medication? Yes No Does your child experience asthma? Yes No
 Is your child allergic to any medication? Yes No

If you checked yes to any of the above, please explain: _____

I/We the Parents/Guardian of the minor named above do hereby authorize The Christian Center, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under, the general or specific supervision of any physician or surgeon 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 hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in advance to provide authority and power of the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment deems advisable. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of CA.

_____/_____/2020
 Mother/Father or Legal Guardian Signature Printed Name Today's Date