

# Calvary Chapel Kauai

## LIABILITY & MEDICAL RELEASE FORM

### -Child's Information-

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone# (\_\_\_\_) \_\_\_\_\_ Parent Work # (\_\_\_\_) \_\_\_\_\_

### -Insurance Information-

In case of emergency notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

(Please attach Medi-Cal Sticker (if applicable) in case of emergency)

### -Medical Information-

Are there any physical or medical conditions or restrictions? \_\_\_\_\_

If yes, please explain and indicate nature and extent: \_\_\_\_\_

Any medications brought to camp? \_\_\_\_\_

All medications must be turned in before departure (unless other arrangements are made with the Camp Director.)

Medications must be in the original container, labeled, and with specific written dispensing instructions by a parent, legal guardian or licensed medical doctor.

Is your child allergic to any medications? \_\_\_\_\_

May your child be given aspirin? \_\_\_\_\_

May your child be given Tylenol? \_\_\_\_\_

May your child be given Pepto Bismol? \_\_\_\_\_

May your child be given Sudafed? \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_

### -Trip Information & Liability/Medical Release-

Destination: \_\_\_\_\_

Starting Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 guardian's expense. If my child leaves this event without permission, I will not hold Calvary Chapel Kauai responsible in any way.

I understand and acknowledge that by consenting to allow my child to participate in this outing, I shall by law, be deemed to have given up all claims against Calvary Chapel Kauai and each of its overseers, for any injury, accident, illness or death occurring during or by reason of the outing. I agree to release Calvary Chapel Kauai 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 physician and/or surgeon as 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.)

Date: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Signature

Witness: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Signature

Signature