

Calvary Monument Bible Church
1660 Mine Road • Paradise, PA 17562
Phone: (717) 442-8161
Email: cmbc@calvarymonument.org

Medical Information & Permission Form (for all children under the age of 18)

Effective September 1, 2010 through September 30, 2011

THE FRONT & BACK OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN

(PLEASE PRINT CLEARLY)

Child's Name: _____ Date of Birth: ____/____/____

Street Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Child's Cell: (____) _____ Child's Email: _____
(if applicable) (if applicable)

Check one: Male Female School District you live in: _____ Grade: ____ (fall of 2010)

Check one: Public School Home School Private School (School: _____)

If your child is involved in this church's AWANA program, please indicate which club: Puggles Cubbies Sparks T&T

If your child is involved in this church's Youth Group, please check one: Junior High (grades 7-8) Senior High (grades 9-12)

Does your child attend Sunday School at Calvary Monument Bible Church? Yes No

If your child attends Nursery or Preschool at Calvary Monument Bible Church, please indicate which class: Nursery Preschool

Parent(s)/Guardian(s) Name(s): _____

Street Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Family Email: _____

Cell #1: (____) _____ belongs to: _____ Cell #2: (____) _____ belongs to: _____

If parent/guardian not available in an emergency, please notify one of the following persons:

1. Name: _____ Phone: (____) _____ Relationship to Child: _____

Street Address: _____ City: _____ State: ____ Zip: _____

2. Name: _____ Phone: (____) _____ Relationship to Child: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Does this child have any medical/health problems or any chronic/recurring illness or illnesses, which would have an effect on the child's participation in activities sponsored by this church? No Yes If yes, please describe: _____

Is this child required to observe any dietary restrictions? No Yes If yes, please describe: _____

Does this child have any of the following allergies:

Penicillin No Yes Insect Stings No Yes Ivy Poisoning No Yes Hay Fever No Yes

Food Allergies No Yes-If yes, please list: _____

Other Allergies No Yes-If yes, please list: _____

Is this child on any medications? No Yes-If yes, please state the medications: _____

Indicate the date of this child's last tetanus shot: _____ Hospital preference: _____

Please list the name, address, phone number, and medical specialty of this child's family physician and dentist as well as any other physician who should be consulted in the event of an emergency or medical problem involving this child:

Family Physician: _____
Name City/State Phone Specialty

Family Dentist: _____
Name City/State Phone Specialty

Other Physician: _____
(If applicable) Name City/State Phone Specialty

PLEASE ALSO READ AND COMPLETE THE REVERSE SIDE OF THIS FORM.

Is there medical or hospitalization insurance which provides benefits for this child? No Yes If yes, please indicate:

Name of Insurance Company: _____ Phone: (____) _____

Name of Policy Holder (usually employer except for private policies): _____

Name of Insured: _____ Policy Number: _____

MEDICAL/INSURANCE AUTHORIZATION:

I understand that this Medical Information & Permission Form is effective from the date of September 1, 2010 through the date of September 30, 2011, and that it is my personal responsibility to report any changes in the information I have provided directly to the church office at 717-442-8161. I further understand that, in the event my child requires medical or dental treatment while engaged in church activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to this church's children/youth sponsors or any adult counselor acting on behalf of this church, as an agent for me, to consent to any x-ray examination; injections; anesthesia; medical, dental or surgical diagnosis treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. I further understand that this church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and this church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from this church's medical and hospitalization coverage.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

EVENT PARTICIPATION AUTHORIZATION:

I am the parent or legal guardian of _____ and I am informed of the activities offered by Calvary Monument Bible Church (hereinafter "church") located in the Town of Paradise, County of Lancaster, and State of Pennsylvania, beginning on the date of September 1, 2010, and ending on the date of September 30, 2011.

Please initial one of the two statements below:

____ As the parent or legal guardian of my child, I consent for my child to attend and participate in all activities provided by this church.

____ As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this church with the exception of the following activities: _____

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

PHOTO AND VIDEO AUTHORIZATION:

Calvary Monument Bible Church maintains both a church web site (calvarymonument.org) and a youth web site (cmbcyouth.org) and we may post pictures and/or videos of church activities. Pictures and/or videos may also be displayed on church bulletin boards and powerpoint presentations and in church flyers/brochures/directories and in outside publications such as local newspapers. Because your child's image may be included in these pictures and/or videos, we must obtain your permission to post these pictures and/or videos. Although children's names may be used in publications, no other personal information will be posted.

Please initial one of the two statements below:

____ YES, I give my permission for my child's image to be included in photos and/or videos as outlined above.

____ NO, I do not give permission for my child's image to be included in photos and/or videos as outlined above.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____