

STUDENT MINISTRIES RELEASE FORM
Community Bible Church, 2930 W. Ball Road, Anaheim, CA 92804

Student's Name: _____ Grade: _____
Address: _____ City _____ Zip: _____
DOB _____ Home Phone: _____
Students Cell: _____

Parent/ Guardian Names: _____

Father's Employer: _____ Work address: _____
Work phone Number: _____ Cell: _____
Mothers' Employer: _____ Work Address: _____
Work phone Number: _____ Cell: _____
Email(s) _____

Family Doctor's Name: _____ Doctors' phone Number: _____
Doctor's Address: _____

In case of illness or accident, I hereby authorize church officials to call any local physician if none of the above persons can be reached immediately.

Close relative or neighbor who may be called if parents(s) cannot be reached:

1. Name: _____ phone: _____
2. Name: _____ Phone: _____

Name of your Insurance Company? _____
Policy Number: _____ Group Number: _____
In whose name is the insurance? _____

Any present medical conditions? _____ Yes _____ No
If there are current conditions then what are they? _____
Any allergies? _____ Yes _____ No
If there are allergies then what are they? _____

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Activity restrictions? _____ Yes _____ No
What are the restrictions? _____

Authorization to treat a Minor

I (we) the undersigned parent, parents, or legal guardian of _____ a minor, do hereby authorize and consent to any x-ray, examination, anesthesia, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under that general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which is aforementioned physician in the exercise of his best judgment my deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

We give our permission for the above student to accompany the youth group on all trips from the following dates: _____ to _____. The undersigned does also hereby give permission for 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 Community Bible Church. Students will be under adequate supervision. Should it be necessary for my child to return home due to behavioral problems, the undersigned shall assume transportation responsibilities.

I understand that while a student is participating in Community Bible Church programs and events that photographs, film and audio recording of students may be taken and used for promotional purposes. If you desire that your child's likeness not be displayed in promotional materials then inform the pastor in writing.

By signing below I acknowledge that I have read, understand, and will adhere to my responsibilities to inform the ministry of any changes on this release form.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____