

CAMARILLO CHURCH OF CHRIST YOUTH GROUP

515 Temple Avenue, Camarillo, California 93010 805-482-3505

Outreach to non-Christians - Devoting ourselves to GOD - Doing good for others
Understanding and following what the Bible teaches - Keeping community

PERMISSION SLIP **Event:** _____
MEDICAL RELEASE FORM **Date(s):** _____

Student _____
Age _____ Birth Date _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____ Parent's Cell Phone () _____
Parent's Work Phone () _____ ext. _____

To whom it may concern:

The undersigned does hereby grant permission for _____
(Minor's Name)
to attend and participate in the above named activity on _____
(Dates)

We (I) authorize adults, Chad and Heather Halbrook (or other representative of the Camarillo Church of Christ), in whose care the minor had been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and the advice of any physician or dentist 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 at said hospital.

The undersigned shall be liable for and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does hereby give permission for our (my) child to ride in any vehicle, designated by the adult(s) in whose care the minor has been entrusted while attending and participating in activities sponsored by the Camarillo Church of Christ.

Insurance Company _____

Policy Number _____

Emergency Phone Number(s) _____

Signature _____

Relationship _____ Date _____

Please list any allergies or medical problems your child may have on the back of this form.