

*2023-2024*  
**MEDICAL RELEASE FORM**

My son/daughter, \_\_\_\_\_, has permission to attend and participate in activities sponsored by Calvary Church for the ministry year of **September 1, 2023 – August 31, 2024**

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_  
 Phone Number of Parent/Guardian \_\_\_\_\_  
 Other Name and Emergency Phone Number(s) \_\_\_\_\_

**MEDICAL INFORMATION**

*Please thoroughly complete the following information.*

LIST ALL KNOWN ALLERGIES \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_  
 FOOD: \_\_\_\_\_  Not applicable  
 MEDICATION: \_\_\_\_\_  Not applicable  
 ENVIRONMENT: \_\_\_\_\_  Not applicable  
 SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_  Not applicable

**PARENT PERMISSION FOR OVER-THE-COUNTER MEDICATIONS**

*Please initial one of the following statements.*

\_\_\_\_\_ I do not give Calvary Church permission to dispense Over-The-Counter Medications to my student  
 \_\_\_\_\_ I give Calvary Church permission to dispense the following Over-The-Counter Medications (as initialed below) to my student if he/she comes to the First Aid Team/Nurse asking for it. I designate the person chosen by Calvary Church to supervise the activity. My student can receive the stated dosage, unless otherwise marked (Parent Recommended Dosage).

**OVER THE COUNTER MEDICATIONS available from Calvary Church First Aid Team**

*Please complete and initial any approved over-the-counter medications that can be supplied to your child as needed during CSM Events.*

**Any medications that are not initialed will not be approved to be supplied to your student.**

MEDICATION	DOSAGE	PARENT RECOMMENDED DOSAGE	PARENT INITIALS
Tylenol	<u>500 mg X 2 tab</u>	_____	_____
Ibuprofen (Advil)	<u>200 mg X 2 tab</u>	_____	_____
Pepto Bismoth (for upset stomach)	<u>2 tablets</u>	_____	_____
Benadryl (for allergic reaction)	<u>25 mg</u>	_____	_____
Immodium (for diarrhea)	<u>2 mg</u>	_____	_____
Cough Drops	_____	_____	_____
Eye Drops (artificial tears)	_____	_____	_____

**(Form Continued on Next Page - please complete and sign the back of this form)**

CALVARY STUDENT MINISTRIES  
**MEDICAL RELEASE FORM**

**INSURANCE INFORMATION**

Insurance Company Name \_\_\_\_\_  *Not applicable / Self-insured*

Group Number \_\_\_\_\_ Member ID/Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**RELEASE OF CLAIMS / INDEMNIFICATION PROVISIONS**

**If my son/daughter needs emergency medical attention, I designate the person chosen by Calvary Church to supervise the activity as the person to select the health care provider or providers for my child, and I grant the health care provider or providers so chosen my permission to provide medical services to meet my child's needs. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned son/daughter pursuant to this authorization. I understand that there is a risk of my son/daughter being injured during this activity and the undersigned, for themselves and their heirs, successors, and assigns, release and fully and forever discharge Calvary Church and its officers, board members, agents, employees, or others acting at its direction and agree to defend, indemnify, and hold harmless from and against any claim, action, demand, cause of action, or suit, of whatever nature, whether for physical injury, medical expense, or property damage, either to the undersigned or to any child of the undersigned, which may at any time arise or accrue as a result of my child's participation in the activity, except to the extent that the same is the result of the gross negligence or intentional conduct of, in which event any claim will be strictly limited to the person directly responsible for such conduct and shall not be made against any person or entity on the basis of the agency of the person directly responsible for such conduct. Should it be necessary for my son/daughter to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs, and Calvary Church or its designated representative is authorized to contract for such transportation services at the undersigned's expense. Such transportation shall be subject to the waiver/release provisions of this agreement. The undersigned does also hereby give permission for my son/daughter 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 Calvary Church.**

**I have read, understand and agree to all provisions set forth above.**

**Today's Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_