

2015
Health Form for Minor

Name of Child: _____ Date Of Birth _____
Address: _____
Phone _____
Number _____ Sex _____ Height _____ Weight _____

Insurance and doctor information:

Do you have health insurance? _____
Name of insurance company? _____
Policy number: _____ Group number _____
Name listed on Policy: _____ Insurance Phone number _____
Doctor's name: _____ Phone number _____
City/state: _____

Health information:

Please list current medications taken by minor and dosage: _____

Please list any known pre-existing conditions: _____

Please list all known allergies: _____
Date of last tetanus shot: _____
Does the child wear contact lenses? _____
List any known restrictions or other special physical or dietary needs: _____

Contact information:

Parent/guardian contact: _____ Address: _____
Phone number: _____ (home) _____ (work) _____
Backup contact: _____ (Address) _____
Phone numbers: _____ (home) _____ (work) _____

Parent/ guardian signature: _____ Date completed _____

2015
Hold Harmless Agreement

I the undersigned understand and agree that neither *Calvary Chapel Brandon*, nor its trustees, representatives, employees, or agents may be held liable in any way for any occurrence in connection with any activities in the year 2015 involving Calvary Chapel of Brandon, Inc which may result in injury, harm, or other damages to the undersigned. I also, as the legal guardian of _____ (student's name), give full permission for _____ (student's name) to be involved in these activities and I understand that activities may include vehicle transportation, boating, swimming and events at facilities other than and including the Calvary Chapel Brandon facility.

I further state that I am authorized to sign this agreement: that I understand the terms herein are contractual and not mere recital: and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the content of this affirmation and release by reading it before I signed it.

I have executed this affirmation and release on the ____ day of _____, 2015.

Parent/Guardian Signature _____

2015
Parental Consent to Treat a Minor Form

Being the parent or legal guardian of _____ (minor's name printed)
I _____ (parent/guardian's name printed) do consent to any x-ray,
anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for
my minor child. Further, I understand that all efforts will be made to contact me prior to
treatment. In the event I cannot be reached in an emergency, I give permission to the activity
leader to make the decisions necessary for treatment. Should there be no activity leader
available, I give permission to the attending physician to treat my minor child. I further
understand that the doctors, dentists, and other providers attending to my child will take all
reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor
child and agree that my insurance plan is the primary plan to pay for the dental, medical, or
hospital care or treatment that is given to my child. Any policy of the church or organization
sponsoring this event will be used as the secondary coverage.

Minor's date of birth: _____
Date: _____ Parent/Guardian Signature: _____