

**North Coast Calvary Chapel**  
**1330 Poinsettia Lane**  
**Carlsbad, CA 92011**  
**Phone: 760.929.0029 Fax: 760.929.0169**

**PARENTAL PERMISSION/MEDICAL INFORMATION FOR  
 MINOR'S PARTICIPATION IN EVENTS 2022**

**MINOR PARTICIPANT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **SEX:** M or F  
**PHONE #** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:** **NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_  
**PHONE #s:** (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cellular) \_\_\_\_\_ (email) \_\_\_\_\_

**SPECIAL NOTATION REGARDING CHILD:**  
 \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**#1 Medical Information and Release (Please fill out COMPLETELY!)**

Minor's Health History: (Check all those that apply)

<b>Allergies</b>	<b>Major Problems</b>	
<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Emotional Handicap
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Mental Handicap
<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Other	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other

Please give details for all items checked \_\_\_\_\_

**\*\* I authorize North Coast Calvary Chapel and its agent to dispense the medications listed or over the counter medications as needed. INITIAL \_\_\_\_\_**

**Any Kind of Medication Being Taken** \_\_\_\_\_ **Reaction** \_\_\_\_\_ **Activity Restriction** \_\_\_\_\_ **Date of Last Tetanus Shot** \_\_\_\_\_

I hereby waive all claims, which I might have against North Coast Calvary Chapel, their agents and employees for injury, accident, illness, or death occurring during or by reason of the following **NORTH COAST CALVARY CHAPEL'S ALL CHURCH EVENTS FROM THE DATE SIGNED THROUGH 12/31/2022.**

(I) (We) (Parent) (Guardian) of the minor child named above do hereby authorize North Coast Calvary Chapel as agents for the undersigned to consent to any X-RAY examination, anaesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but it is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgement may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

In consideration of and the benefit to be derived by the undersigned here from, undersigned individually and or as a parent or guardian, for himself and/or themselves, his and/or their heirs, executors, administrators, and assigns hereby release and forever discharge North Coast Calvary Chapel, their officers, employees, servants, agents and all persons connected with the above mentioned of and from all rights, claims, demands, and actions that may now or hereafter have, for any loss, damage, or injury sustained by the undersigned before, during or after church-related events, activities, or trips.

Parent acknowledges that they have their own medical insurance and release North Coast Calvary Chapel from all medical liability.

**#2 General Liability Release for Trips**

North Coast Calvary Chapel is a nonprofit Christian corporation located in Carlsbad, CA. Any minors who accompany North Coast Calvary Chapel on a ministry trip or other church-related trip do so only with full and expressed permission of minor's legal parent/guardian. We are glad to act as a host organization while on a trip suggesting activities and assisting in transportation. We do, however, require that you sign the following agreement for each minor child accompanying North Coast Calvary Chapel on this trip.

In consideration of the services extended by North Coast Calvary Chapel, the parent/guardian of the minor volunteer / traveler fully and finally releases and discharges against North Coast Calvary Chapel, its representatives, agents, servants, employees or any of them, all actions, claims and demands whatsoever which the parent/guardian of the minor volunteer / traveler may have or which may here-after accrue in favor of any of the parent/guardian of the minor volunteer / traveler (including but not limited to all injuries to the person or property of the minor volunteer / traveler or the parent/guardian of the minor volunteer / traveler) however arising out of any matters, incidents, acts, equipment and /or circumstances, which them or any of them might otherwise now or hereafter have or sustain, upon any theory of liability whatsoever or howsoever claimed unless such liability arises as the result of the intentional or willful misconduct of North Coast Calvary Chapel or their employees or representatives, or any other persons or organization acting within the scope of their employment or relation to North Coast Calvary Chapel. The parent/guardian of the minor volunteer / traveler agrees to save and hold harmless and to fully and completely indemnify North Coast Calvary Chapel, its officers, employees and representatives against any and all claims, suits and/or judgments related to any of the matters as to which they or any of them are herein above released as well as against all claims, suits, damages, and/or judgments arising out of the acts or conduct of the volunteer / traveler and/or volunteer / traveler's representatives, and against all loss, damage, liability, expense or costs by reason or on account of any such claim, suit or judgment. This release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during the volunteer / traveler's participation on the trip from any cause whatsoever, as aforesaid, and parent/guardian of the minor VOLUNTEER / TRAVELER INDIVIDUALLY AND ON BEHALF OF ALL OF HIS AFORESAID REPRESENTATIVES, HEIRS, DEVISEES, LEGATEES AND DEPENDENTS EXPRESSLY WAIVES THE PROVISIONS OF SECTION 1542 OF THE CIVIL CODE OF THE STATE OF CALIFORNIA AND ANY SIMILAR PROVISIONS OF THE LAWS OF ANY OTHER JURISDICTION, WHICH SAID CODE SECTION READS AS FOLLOWS:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

**#3 Parent/Guardian Permission and Responsibility**

I, being the legal parent/guardian of the aforesaid minor child, expressly give my permission for aforesaid minor child to participate in the above listed event, activity, or trip, including all transport involved during all dates listed above.

I understand that in the event that my child behaves in a manner deemed unacceptable by the adult leader, I will immediately pick up my child at my own expense, or make arrangements for immediate pick-up my child at my own expense.

I HAVE PROVIDED ALL INFORMATION REQUESTED ABOVE TO THE BEST OF MY KNOWLEDGE AND ABILITY. ADDITIONALLY, I HAVE READ THE ABOVE RELEASE AND DISCLAIMER AND UNDERSTAND ITS PROVISIONS.

**Signature of Legal Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_