

Welcome To Calvary Kids' Bible Club!

Guest Registration

Thank you for providing us with the following information:



Name: _____ Male Female

Address: _____

City: _____ Zip: _____

Phone: _____ Grade: _____ Age: _____

Guest of: _____

For emergency purposes we need the following information and the medical release information below signed by a parent or legal guardian: (Please Print)

Name of parent/legal guardian: _____ Emergency Phone: _____

Address if different than above: _____

Health Insurance Co. & Policy #: _____ Date: _____

Allergies: _____ Date of last Tetanus Shot: _____

Special Instructions/Medications: _____

MEDICAL RELEASE FORM

Activity: Calvary Kids' Bible Club Date: _____

The undersigned, parent/legal guardian of _____, Birthdate _____ herein
(name of child)

authorizes the adult sponsor of Calvary Chapel of Modesto for the above stated activity(ies) or any responsible adult person bearing this written authorization, into whose said care the above mentioned minor child has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Family Code.

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 on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

This authorization will begin on _____ and remain in effect until 12:01 am on the following day.
(Date of Bible Club)

My signature on this Medical Release Form constitutes my permission for the above named minor to participate.

(Signature of parent/guardian) _____ (date) _____

CALIFORNIA FAMILY CODE SECTION 6910 AUTHORIZATION OF MEDICAL TREATMENT OF MINORS

Either parent (if both parents have legal custody), or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the provisions of the Dental Practice Act (Family Code 6901, 6902).