

WEST HILLS COMMUNITY CHURCH MEDICAL RELEASE FORM & PERMISSION TO ATTEND

ALIVE high school and CREW jr high• 2019 Events

Note: Only one form needs to be filled out per calendar year.

ATTENDEE INFO

First name: _____ Last name: _____ Age (in Jan 2019): _____

Address: _____ City/St: _____ Zip: _____

Email: _____ @ _____ Phone: _____ Birthday: MO / DAY / YEAR

Current Grade (as of Jan 2019): 6th / 7th / 8th / 9th / 10th / 11th / 12th / Graduate

Specific medical allergies, chronic illnesses, or other conditions: _____

Special Needs (Ex: Medications, sleepwalking, etc): _____

Are all your immunizations up to date? Yes No

PARENT/GUARDIAN INFO

Father's Name: _____ Phone: _____ Cell Phone: _____

Mother's Name: _____ Phone: _____ Cell Phone: _____

Emergency contact authorized to make care decisions (other than parent): _____ Phone: _____

Doctor: _____ Phone: _____ Dentist: _____

Phone: _____

Insurance Company: _____ Policy#/Group ID#/ID#: _____

PERMISSION TO ATTEND AND TRAVEL: The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears above, hereby authorizes the student named above to participate in various events and/or trips with **West Hills Community Church** under the supervision of paid and/or volunteer leaders through Dec 31st, 2019, and to be recorded and photographed for promotional purposes (including website postings). I further agree to personally pick up my minor promptly if, at the sole discretion of the leader responsible for the event, the minor is ill or a disruption to the mission of WHCC Student Ministries. **Note: If you desire to limit your child's participation in an event, please submit your wishes in writing to WHCC prior to the event.**

MEDICAL RELEASE: The undersigned, being an adult participant –or– a parent with legal custody or the legal guardian of the minor whose name appears above, hereby authorizes any adult person (paid or volunteer) at **West Hills Community Church** of Morgan Hill, California into whose care the minor has been entrusted (or with whom I am traveling if an adult) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor (or myself if an adult) under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It's 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to California Civil Code section 25.8. If a personal physician is listed, every effort will be made to contact such physician. The signing of this release only gives the Church and agents thereof, the right to consent for treatment of minors/adults. It does not release signee of liability from medical cost arising from said treatment. It is understood that the releases provide no medical insurance for such treatment. I further agree to be liable for any expenses related to treatment performed under this release. This release shall remain in effect through December 31st, 2019. Please inform WHCC immediately in writing of any change in the information presented.

DATE

SIGNATURE OF PARENT / LEGAL GUARDIAN

Print Name

Return to: **West Hills Community Church • 16995 DeWitt Ave. • Morgan Hill, CA • 95037 • ph (408) 779-0697**



WEST HILLS
COMMUNITY
CHURCH