

Calvary Bible Church
145 Hampstead Road
Derry, NH 03038
(603) 434-1516

Authorization For Medical Attention at Youth Activities

Should I, _____, be an adult leader at any CBC youth activities, I give my permission to the other CBC youth leaders and chaperones to seek medical attention if necessary as stated below.

Name of Activity(s)

Calendar Year of Activity

I hereby authorize the Calvary Bible Church youth leaders and chaperones to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am unconscious or unable to make any decision and my emergency contact is unavailable as well. Any qualified physician called by Calvary Bible Church youth leaders and chaperones may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort will be made to notify my emergency contact before such action will be taken.

I also agree to accept responsibility for the cost of above medical services through my standard family insurance coverage, and I have listed that information below.

ADULT LEADER NAME: _____

INSURANCE COMPANY NAME: _____

NAME OF POLICY HOLDER: _____

POLICY NUMBER: _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

SIGNATURE: _____ DATE: _____