

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

Authorization For Medical Attention at *Sr High* Youth Activities

Should my child, _____, attend any CBC youth activities during the calendar year stated below, I give my permission to the CBC youth leaders and chaperones to seek medical attention if necessary as stated below.

Name of Activity(s)

Calendar year of Activity(s)

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 not immediately available. 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 me (parents/guardians) 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.

INSURANCE COMPANY NAME: _____

NAME OF POLICY HOLDER: _____

POLICY NUMBER: _____

PARENT NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

PARENT SIGNATURE: _____ DATE: _____