

CityReach 2010

Medical Authorization Form

Name _____ Age ____ Grade ____ Male Female

Address _____

City, State, Zip _____

Sponsor's Name _____ Pastor's Name _____

Attending Church Name _____

In case of emergency, notify:

Name of Parent / Guardian _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Secondary emergency contact:

Name _____ Relation _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Will the camper be taking medication while at CityReach? Yes No

Medicine _____ Dosage _____ Time of Day _____

Medicine _____ Dosage _____ Time of Day _____

Medicine _____ Dosage _____ Time of Day _____

Medicine _____ Dosage _____ Time of Day _____

Has camper recently been under a doctor's care?

If so, please explain on the back of this form. Please list any special health problems or handicaps as well as all allergies the camper has or any behavioral problems on the back.

Camper's Medical History (check all that apply)

Measles Mumps Typhoid Scarlet Fever Chicken Pox Polio Whooping Cough Diphtheria

Consent for Medical Treatment and Media Release

I give my full permission for the above to attend CityReach and to take part in all activities. My child will not attend if he/she has been exposed to a contagious disease or if he/she is not in good physical condition. I do not hold CityReach Personnel and/or Sponsors responsible for any accident or illness; and if necessary, authorize CityReach Personnel and/or Sponsors to take my child to a physician or hospital. I also give my full consent for the doctor selected to render professional services to my child, if he/she becomes ill or is involved in an accident. As parent / legal guardian, I give my permission for the above to be photographed and/or filmed during CityReach for the purpose of publications, multimedia, or website.

Charges for Insurance:

Company Name _____
Address _____
City, State, Zip _____
Phone _____ Policy Number _____

Have doctor bill me:

Company Name _____
Address _____
City, State, Zip _____

Parent / Guardian Signature

Date