

Permission Slip

I/We, the parents(s) or guardian(s) of _____
do hereby give my/our permission for him/her to attend the scheduled youth event
_____ on _____
event and location *date of event*

signature: _____ **date:** _____
I understand that my child is solely responsible for the items he/she brings to the event.

Medical Release

I/We, the parent(s) or guardian(s) of _____
do hereby authorize Calvary Chapel of L.E. as agents for the undersigned to consent to any x-ray
exam, anaesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed
advisable by and is to be rendered under the general or special supervision of any physician and sur-
geon licensed under the provisions of the medical practice act on the medical staff of a licensed hos-
pital whether such diagnosis is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or
hospital care rendered, that it is given to provide authority and power on the part of the aforesaid
agents to give specific consent to any and all such diagnosis, treatment or hospital care which the
aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of sec. 25.8 of the civil code of the State of
California.

Signature: _____ **Date:** _____

Phone: _____

Address: _____

Insurance provider and information: _____

List any major illnesses: _____

Medicines allergic to: _____

Other allergies: _____

Other information: _____