

North Coast Calvary Chapel
1330 Poinsettia Lane
Carlsbad, CA 92011
Phone: 760.929.0029 Fax: 760.929.0169

MEDICAL RELEASE: Minor

**PARENTAL PERMISSION/MEDICAL INFORMATION FOR
MINOR'S PARTICIPATION IN EVENTS 2017**

MINOR PARTICIPANT'S NAME _____ GRADE _____ AGE _____ DATE OF BIRTH: _____ SEX: M or F

PHONE # _____ ADDRESS _____ CITY _____ ZIP _____

IN CASE OF EMERGENCY CALL: NAME _____ RELATIONSHIP _____

PHONE #s: (home) _____ (work) _____ (cellular) _____ (pager) _____

SPECIAL NOTATION REGARDING CHILD:

Insurance Company _____ Policy# _____

#1 Medical Information and Release (Please fill out COMPLETELY!)

Minor's Health History: (Check all those that apply)

Allergies

Major Problems

<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Handicap	Please give details for all items checked _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Emotional Handicap	
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chronic Asthma	<input type="checkbox"/> Mental Handicap	
<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> Seizure Disorder	
<input type="checkbox"/> Other	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other	
<input type="checkbox"/> None			

** I understand that by signing I authorize North Coast Calvary Chapel and its agent permission to dispense the medications listed or over the counter medications as needed. **Initial** _____

Any Kind of Medication Being Taken _____ Reaction _____ Activity Restriction _____ Date of Last Tetanus Shot _____

I hereby waive all claims, which I might have against North Coast Calvary Chapel, their agents and employees for injury, accident, illness, or death occurring during or by reason of the following **NORTH COAST CALVARY CHAPEL'S ALL CHURCH EVENTS FROM THE DATE SIGNED THROUGH 12/31/2017.**

(I) (We) (Parent) (Guardian) of the minor child named above do hereby authorize North Coast Calvary Chapel as agents for the undersigned to consent to any X-RAY examination, anaesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but it is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgement may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

In consideration of and the benefit to be derived by the undersigned here from, undersigned individually and or as a parent or guardian, for himself and/or themselves, his and/or their heirs, executors, administrators, and assigns hereby release and forever discharge North Coast Calvary Chapel, their officers, employees, servants, agents and all persons connected with the above mentioned of and from all rights, claims, demands, and actions that may now or hereafter have, for any loss, damage, or injury sustained by the undersigned before, during or after church-related events, activities, or trips.

Parent acknowledges that they have their own medical insurance and release North Coast Calvary Chapel from all medical liability.

#2 General Liability Release for Trips

North Coast Calvary Chapel is a nonprofit Christian corporation located in Carlsbad, CA. Any minors who accompany North Coast Calvary Chapel on a ministry trip or other church-related trip do so only with full and expressed permission of minor's legal parent/guardian. We are glad to act as a host organization while on a trip suggesting activities and assisting in transportation. We do, however, require that you sign the following agreement for each minor child accompanying North Coast Calvary Chapel on this trip.

In consideration of the services extended by North Coast Calvary Chapel, the parent/guardian of the minor volunteer / traveler fully and finally releases and discharges against North Coast Calvary Chapel, its representatives, agents, servants, employees or any of them, all actions, claims and demands whatsoever which the parent/guardian of the minor volunteer / traveler may have or which may here-after accrue in favor of any of the parent/guardian of the minor volunteer / traveler (including but not limited to all injuries to the person or property of the minor volunteer / traveler or the parent/guardian of the minor volunteer / traveler) however arising out of any matters, incidents, acts, equipment and /or circumstances, which them or any of them might otherwise now or hereafter have or sustain, upon any theory of liability whatsoever or howsoever claimed unless such liability arises as the result of the intentional or willful misconduct of North Coast Calvary Chapel or their employees or representatives, or any other persons or organization acting within the scope of their employment or relation to North Coast Calvary Chapel. The parent/guardian of the minor volunteer / traveler agrees to save and hold harmless and to fully and completely indemnify North Coast Calvary Chapel, its officers, employees and representatives against any and all claims, suits and/or judgments related to any of the matters as to which they or any of them are herein above released as well as against all claims, suits, damages, and/or judgments arising out of the acts or conduct of the volunteer / traveler and/or volunteer / traveler's representatives, and against all loss, damage, liability, expense or costs by reason or on account of any such claim, suit or judgment. This release and indemnity agreement shall apply to all known, unknown and/or unanticipated injuries and damages resulting from or during the volunteer / traveler's participation on the trip from any cause whatsoever, as aforesaid, and parent/guardian of the minor VOLUNTEER / TRAVELER INDIVIDUALLY AND ON BEHALF OF ALL OF HIS AFORESAID REPRESENTATIVES, HEIRS, DEVISEES, LEGATEES AND DEPENDENTS EXPRESSLY WAIVES THE PROVISIONS OF SECTION 1542 OF THE CIVIL CODE OF THE STATE OF CALIFORNIA AND ANY SIMILAR PROVISIONS OF THE LAWS OF ANY OTHER JURISDICTION, WHICH SAID CODE SECTION READS AS FOLLOWS:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

#3 Parent/Guardian Permission and Responsibility

I, being the legal parent/guardian of the aforesaid minor child, expressly give my permission for aforesaid minor child to participate in the above listed event, activity, or trip, including all transport involved during all dates listed above.

I understand that in the event that my child behaves in a manner deemed unacceptable by the adult leader, I will immediately pick up my child at my own expense, or make arrangements for immediate pick-up my child at my own expense.

I HAVE PROVIDED ALL INFORMATION REQUESTED ABOVE TO THE BEST OF MY KNOWLEDGE AND ABILITY. ADDITIONALLY, I HAVE READ THE ABOVE RELEASE AND DISCLAIMER AND UNDERSTAND ITS PROVISIONS.

Signature of Legal Parent/Guardian _____ Date _____

SHORT-TERM MISSION TRIP MEDICAL INFORMATION

The information on this form will be kept confidential and is for use by North Coast Calvary Chapel.

Today's date _____ Project Country & Dates _____

(Please print)

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax: _____

E-mail address: _____

TEAM MEMBER MEDICAL INFORMATION:

We do our best to make Passport trips as comfortable as possible. However, travel in general and short-term mission trips in specific may be extremely strenuous and stressful.

- Travelers are required to carry their own luggage.
- Rest rooms are not always readily accessible.
- The food may be high in fat, carbohydrate and sodium content. Fruits and vegetables may not be available.
- The housing and meeting rooms may not have air conditioning and may not have adequate heating.
- There may be a considerable amount of walking between locations in addition to climbing stairs.
- The summer months in much of the world are VERY hot and this might affect our overall strength and energy.
- The air quality may be poor.
- Medical facilities in some countries may provide inadequate care.

These factors may aggravate certain health conditions. For this reason, NCCC may request a medical release form from your doctor.

Confidential Information for use in Medical Emergencies:

Blood Type: _____

Name of your Physician: _____

Physician's Office Phone: () _____

Physician's Address: _____ City: _____ State: _____

Zip: _____

- | | | |
|--|-----|----|
| 1. Is a doctor currently treating you? | Yes | No |
| 2. Do you have any condition requiring special medical consideration? | Yes | No |
| 3. Do you have psychological or emotional disorders, or limitations? | Yes | No |
| 4. Have you sustained any injury that may limit physical activity? | Yes | No |
| 5. Are you on a special diet that has been prescribed by a doctor? | Yes | No |
| 6. Have you had major surgery in the past 2 years? | Yes | No |
| 7. Do you have any existing medical condition(s) that require extended medical treatment or surgery in the future? | Yes | No |

If you answered "yes" to any of the above, please explain in detail:

8. List all medications you use (prescription and non-prescription). Provide information on dosage, frequency, and reason for using all medication:

Medication Name	Dosage & Frequency	Reason for usage

9. List any known allergies: medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs); foods (dairy, wheat, other foods); substances (plants, soaps, other chemicals); animals, insect bites/stings:

Allergy	Reaction	Medication/Treatment

Has your allergic reaction ever required emergency room care? _____

10. Please list any current health problems:

Condition	Yes	No	Condition	Yes	No
Anemia			Asthma		
Bleeding Problems			Emphysema		
Cancer			High Blood Pressure		
Malaria			Heart Disease		
Tuberculosis			Stroke		
+HIV (Aids) Positive			Seizures/Epilepsy		
Peptic Ulcers			Psychiatric Illness		
Diabetes			Alcoholism		
Drug Abuse			Other		

If you answered “yes” to any of the above, please explain in detail:

11. List previous surgeries:

Procedure	Year	Reason

12. List serious accidents/injuries:

Injury	Year	Treatment

13. List other serious illnesses/hospitalizations:

Problem	Year	Treatment

14. List immunizations you have previously received:

Immunization	Year(s)	Immunization	Year(s)
Diphtheria		Typhoid	
Tetanus		Small Pox	
Pertussis		Other	
Measles			
Mumps			
Rubella			
Influenza			
Hepatitis B			
Hepatitis A			
Polio			

15. Do you have health insurance? yes no

Name of Insurance Provider: _____

Policy Number: _____

16. Does your health insurance cover you while traveling in another country? yes no

17. Did you purchase supplemental health insurance for this trip? yes no

Name of Insurance Provider: _____

Policy Number: _____

18. Do you snore or have any sleep disorders? (This is to help us determine your room assignment and will be kept confidential.) yes no

19. Do you have any other medical condition, not already listed, which a physician should know about?

Emergency Authorization:

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

Print Name: _____

Signature: _____ Date: _____

Emergency Contact:

Name: _____

Relationship to Applicant _____ E-mail Address: _____

Address: _____ City: _____ State: ___ Zip: _____

Office: () _____ Home: () _____ Cell Phone: () _____



1330 Poinsettia Lane * Carlsbad CA 92011 * Phone: 760.929.0029 * FAX: 760.929.0619

ADULT MISSION TRIP WAIVER & LIABILITY RELEASE FORM

I, _____, (Print full Name) will be participating in a short-term mission trip to _____ (hereafter the "mission trip") on or about _____, 20__ to _____, 20__.

I recognize that there is risk involved in participating in the mission trip and hereby assume all risk of injury, harm, and damage, or death, to include terrorism, kidnapping, ransom, and extortion in connection with my participation in the mission trip. I understand and agree that neither North Coast Calvary Chapel nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any legal and monetary expenses, personal or public property loss or damage, injury, harm, or death, to include terrorism, kidnapping, ransom, and extortion that may occur to me as a result of my participation in this mission trip and hereby release North Coast Calvary Chapel, its trustees, officers, directors, employees, agents and representatives from any legal and monetary expenses, personal or public property loss or damage, loss, injury, harm, or death, to include terrorism, kidnapping, ransom, and extortion which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless North Coast Calvary Chapel, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

{I understand and acknowledge that North Coast Calvary Chapel does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

I authorize North Coast Calvary Chapel through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

Executed this _____ day of _____, 20__.

Signature _____

Printed Name _____

Witness: _____

Witness: _____



1330 Poinsettia Lane * Carlsbad CA 92011 * Phone: 760.929.0029 * FAX: 760.929.0619

Minor Missions Trip Parent or Guardian of a Minor Consent Waiver and Liability Release Form

Name of Activity: _____ Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Phone Number: _____

I, _____ [PRINTED NAME OF PARENT/GUARDIAN], being the parent or
Legal guardian of _____ [PRINTED NAME OF MINOR], have been
informed of the above activity sponsored by NORTH COAST CALVARY CHAPEL and hereby give
my consent for my minor child to participate in this activity.

I understand that the leaders of this activity will take all reasonable safety precautions and that the
possibility of an unforeseen hazard does exist. I further agree not to hold NORTH COAST
CALVARY CHAPEL, its trustees, officers, directors, employees, agents or representatives, liable for
legal and monetary expenses, personal or public property loss or damage, injury, harm, or death,
to include terrorism, kidnapping, ransom, and extortion incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

Signature of Parent/Guardian: _____ Date: _____



1330 Poinsettia Lane * Carlsbad CA 92011 * Phone: 760.929.0029 * FAX: 760.929.0619

Parent or Guardian Consent to Treat a Minor

Being the parent or legal guardian of _____ [MINOR’S PRINTED NAME], I _____ [PARENT/GUARDIAN’S PRINTED NAME] do consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor’s Date of Birth: _____

Signature of Parent/Guardian: _____ Date: _____



North Coast Calvary Missions Passport Trip Participant Separation Release

I, _____ release myself from the North Coast Calvary Passport Trip on (date) _____. I have chosen to separate from the team to extend my travel as personal holiday, vacation or business travel and hereby release North Coast Calvary Chapel, its trustees, officers, directors, employees, agents and representatives from any legal and monetary expenses, personal or public property loss or damage, loss, injury, harm, or death, to include terrorism, kidnapping, ransom, and extortion. To the fullest extent permitted by law, I agree to save and hold harmless North Coast Calvary Chapel, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising.

Print Name

Signature

Date



North Coast Calvary Chapel

1330 Poinsettia Lane | Carlsbad, CA | 92011
760.929.0029 www.northcoastcalvary.org