

SUNSCREEN PERMISSION & EMERGENCY MEDICAL RELEASE

I GIVE THE STAFF OF CALVARY CHRISTIAN SCHOOL PERMISSION TO APPLY SUNSCREEN TO:

(CHILD/CHILDREN)

WHILE ATTENDING SUMMER CAMP AT CCS

PARENT/GUARDIAN SIGNATURE

DATE

Child's Name: _____ Date of Birth: _____

Home Address: _____ Phone #: _____

*Doctor's Name: _____ Phone #: _____

*Dentist's Name: _____ Phone #: _____

*Preferred Hospital: _____ ***Required**

To Whom It May Concern: I, _____, the legal guardian/parent of _____ (Guardian/Parent) (Child) grant Calvary Christian School and/or its agents to authorize emergency care for _____ (Child) should any medical problems arise. I understand that the treating facility will make all reasonable attempts to notify me/us at the time of treatment, but that said treatment should proceed as needed, notwithstanding my notification. I give Calvary Christian School, its directors, teachers and staff permission to seek emergency medical treatment for my child should the need arise. I will not hold Calvary Christian School, its directors, teachers, or staff responsible for any injury or illness that my child receives while in their care. This instrument shall be in force during my child's enrollment at Calvary Christian School &/or extended care. If at any time during treatment I/we can be reached or are present at the time of treatment, our judgment may supersede this instrument.

Signature

Relationship

Date

Phone #

Signature

Relationship

Date

Phone #

Notary Public: _____

My Commission Expires: _____

calvary
christian school

