Children and Youth Medical Form
2009/2010

Community Bible Church
331 Anderson Ferry Rd.
Marietta, PA 17547

Parent/Guardian Name(s)	**Birthdate**		Contact name:
		Home Ph.	
		Work Ph.	
Address:		**Cell Phone**	
City/State/Zip		**Cell Phone**	
Home Church		**E-Mail**	
Persons authorized to pick up your children: (age 12+)		**Emergency**	

Parent Location First Track: **Parent Location Second Track:**

Child's Name (First, Last)	**Birthdate**	**Gender**	**Grade**	**School**	**CBC Classroom**

Child	**Doctor/Phone and Insurance/Policy #**	**Date of Tetnus**	**Medical Info - allergies, meds, restricted activities, special needs***

*If more space is needed for medical information, please use the back side.

Medical Consent:

I, the undersigned, am the parent, the parent having legal custody or the legal guardian of the minors named above, and have given my consent for him/her/them to receive any reasonable medical treatment as deemed necessary by a licensed physician or emergency personnel should accident or injury occur during attendance at any Community Bible Church function or event. Should treatment be called for, which a physician and/or hospital personnel refuses to administer without my consent, we hereby authorize the Children's Ministry Director/Youth Pastor or staff member in charge to give such consent for us if we cannot be reached by telephone at one of the numbers indicated above or, because of an emergency, there is not time or opportunity to make a telephone call. If it becomes necessary for that person to give consent, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician or emergency medical personnel. I certify that my child is in good physical condition, and able to participate in the entirety of any program other than the activities listed as "restricted."

Signature of Parent or Guardian Date