

**PARENTAL AUTHORIZATION  
TO CONSENT TO MEDICAL TREATMENT**

**Calvary Chapel Chelmsford, TUPOS (Youth Group)**  
131 Steadman St. Chelmsford, MA 01824

\_\_\_\_\_  
(Print name of "MINOR".)

\_\_\_\_\_  
(Print name of PARENT or Legal Guardian)

In case of emergency, every effort will be made to contact a PARENT or guardian of the MINOR named above.

The above named PARENT of the MINOR has entrusted the MINOR into the care of the **TUPOS YOUTH GROUP LEADERS**, while the MINOR participates in any activity sponsored by the **TUPOS YOUTH GROUP**, and for the welfare of the MINOR.

The PARENT does hereby authorize the **TUPOS YOUTH GROUP LEADERS** to consent to any X-ray examination, anesthetic, 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 surgeon licensed under the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital.

1. I, the undersigned, legal guardian of \_\_\_\_\_, a minor, do hereby authorize, as agent(s), the adult supervisor of **TUPOS YOUTH GROUP**, to consent to any 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, surgeon and/or by a dentist. It is understood that this authorization is given an advance of any specific care being required, but it is given to provide authority to give care which a physician may, in the exercise of his/her best judgment, deem advisable.
2. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my above named agent upon completion of treatment.
3. I hereby release **CALVARY CHAPEL CHELMSFORD** and any other parties from liability in case of accident.
4. These authorizations shall remain effective until revoked in writing delivered to said agent.
5. **I hereby authorize CALVARY CHAPEL CHELMSFORD to use youth ministry photographs or video to be used for publication.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Circle One:    Parent    Legal Guardian    Person having legal custody

**Medical Release**

Although this is a lengthy form, we need to have the information listed below in case of an emergency. Thank you for taking the time to fill this out.

Please complete **THE TOP & BOTTOM** of this form for **EACH** student attending all events sponsored by **TUPOS YOUTH GROUP**.

**STUDENT'S INFORMATION:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Name & Phone No. of closest relative \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ ID # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ (Circle one) M / F

Medical information: Please check and specify if any past history of  
\_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Condition \_\_\_\_\_ Hypoglycemia  
\_\_\_\_\_ Epilepsy or other nervous disorder \_\_\_\_\_ Stomach upsets or disorders

Other illnesses or medical conditions / Comments  
\_\_\_\_\_

What drugs, if any, is your child allergic to? \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_ List any known allergies that may impact your

child. \_\_\_\_\_ Any dietary or other activity restrictions? \_\_\_\_\_

