

Calvary Church Off Campus Activity & Medical Consent Form

I, _____, am the parent or legal guardian of
(Name of Parent or Guardian)

_____ (hereinafter "my child"), who was born
(Name of Minor)

_____ (Birth date)

Off Campus Activity Consent

I am informed of the activities offered by Cadet Troop 2707 located
at Calvary Church 15101 So. 80th Avenue, Orland Park, IL 60462 beginning on
the date of September 5, 2007, and ending on the date of
May 7, 2008.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all
Activities provided by Cadet Troop 2707.

Medical Consent

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and Hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I understand that everything will be done to contact me during an emergency, however, I understand as parent or legal guardian of my child, I am responsible for the health care decisions of my child, and thereby authorize to consent to the above mentioned services to be rendered.

Child's Medical Conditions/Allergies _____

Name and Address of Medical Insurance Provider

Signature of Parent or Guardian

Insurance Policy Number

Print Name of Parent or Guardian

Parent/Guardian Number

Date

Parent/Cell Phone Number