

Please complete this form in its entirety – See reverse side
MEDICAL HISTORY FORM FOR COAST CHRISTIAN FELLOWSHIP

Name _____ Birth date _____ Age _____ Grade _____ Sex _____
 (Last) (First)

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Attend CCF Yes No

Parent(s) or Legal Guardian(s) _____

Home Address _____
 (Number/Street) (City) (Zip)

In Emergency, Notify: _____ Phone _____
 _____ Phone _____
 (Name/Relationship)

SPECIAL HEALTH ISSUES: (Check)

_____ Seizure Disorder	_____ Bronchitis	_____ Nervous Disorder	_____ Asthma
_____ Headaches	_____ Fainting	_____ ADD/ADHD	_____ Psychological/ Mental Disorder
_____ Ear Infections	_____ Allergies (List)	_____ Stomach Upsets	
_____ Diabetes	_____ Heart Disease	_____ Kidney Disease	
_____ Other: _____			

_____ **ALLERGIC REACTIONS**
 _____ Aspirin
 _____ Penicillin
 _____ Bee Stings
 _____ Specific Foods: _____
 _____ Other: _____

_____ **IMMUNIZATIONS (Dates of Last)**
 _____ Tetanus
 _____ Diphtheria
 _____ Whooping Cough
 _____ Polio
 _____ Measles

Other comments pertaining to child's health: _____

PARENT'S HEALTH STATEMENT (Must be signed by parent)

I/We, the undersigned, understand that at Coast Christian Fellowship, Torrance, California, strenuous physical activity; including aquatic, outdoor and indoor, are a regular part of any youth activity/camp session/excursion/trip. To the best of our knowledge, our child, _____, is in excellent physical and mental health, and needs no restrictions from strenuous physical activity. If I/we have any questions regarding our child's health, I/we understand that it is our obligation to seek professional medical advice and to inform Coast Christian Fellowship of any health problems and restriction on our child's activities in writing.

Parent or Guardian Signature(s) _____ Date _____
 _____ Date _____

Permission to Use Photo/Electronic Images

By signing up for a Coast activity or ministry, you hereby grant permission for Coast Christian Fellowship to use your image for promotional purposes (e.g. our newsletter). Permission is also given to use your images(s) on the World Wide Web and internal presentation and other promotional venues.

I, _____ hereby grant permission to Coast Christian Fellowship to use the image of me and/or my family for promotional purposes. I understand that images may be used on the World Wide Web and internal presentation and other promotional venues.

Signature _____ Date _____
 (Please don't sign above if you do NOT want us to use your child's picture)

(Please read and sign both sides)

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR

I/We the undersigned, parent of _____, a minor, do hereby authorize Coast Christian Fellowship, Torrance, California, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable or necessary by, and is to be rendered under the general or special supervision and upon the advise of a physician or surgeon licensed under the Provisions of the **Medical Practice Act of the State of California**, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provision of the **Dental Practice Act of the State of California**. It is understood and agreed that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required for said minor child, but is given to provide authority and power on the part of our agent, Coast Christian Fellowship, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable or necessary. This authorization is given pursuant to the provisions of **Section 25.8 of the Civil Code of the State of California**, and the undersigned acknowledge that I/we have specifically represented to Coast Christian Fellowship that I/we are the parent(s) or legal guardian(s) of the aforementioned minor, having legal custody of said minor child. This authorization is effective for a period of (2) calendar years (from May to May) said authorization is signed.

I give my full consent for my child to attend any event sponsored by Coast Christian Fellowship. I also agree not to hold Coast Christian Fellowship, staff, nor advisors responsible or liable in any way for accidents or injuries that my child may incur while on an outing away from Coast Christian Fellowship or at an event on the grounds of the church. I also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct on all such activities.

_____ Date _____
(Parents [Father and/or Mother] or Legal Guardian)

_____ Date _____
(Parents [Father and/or Mother] or Legal Guardian)

RELEASE/DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation with Coast Christian Fellowship activities, games, services, functions, etc., do hereby voluntarily release, acquit and forever discharge Coast Christian Fellowship and its pastors, elders, officers, employees, and agents, from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in these activities and functions on Coast Christian Fellowship grounds or places that are traveled to for services, activities, etc.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks, as well as other risks, to me and my property, and I enter into participation in the trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in any such activity.

No provision of this document shall, in any way limit my right to make claims against persons other than Coast Christian Fellowship, its pastors, its elders, officers, employees and agents.

_____ Date _____
PARENT SIGNATURE

_____ Date _____

Insurance Carrier : _____
(Name) (Address) (Phone)

Insurance Card Number: _____ Insured Member Number: _____

Doctor: _____
(Name) (Address) (Phone)

Special Medical Attention or treatment of said minor not previously mentioned: _____
