

MEDICAL/ACTIVITY RELEASE & INFORMATION  
CEDAR GROVE COMMUNITY CHURCH  
2021 COLLEGE AVE, LIVERMORE, CA 94550  
(925) 447-2351 · www.cedargrove.org/student

FULL NAME \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDITIONAL PHONES \_\_\_\_\_

EMERG CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ YEAR GRADUATING \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

MEDICATION NOW BEING TAKEN \_\_\_\_\_

RESTRICTIONS/ALLERGIES \_\_\_\_\_

In case of emergency, I hereby give permission to the licensed physician or hospital selected by Cedar Grove Community Church to hospitalize, secure proper treatment for, and order injection, anesthesia, surgery for

\_\_\_\_\_  
(Student's name)

I, (Parent/Adult) \_\_\_\_\_ am responsible for any medical care needed for myself/my child in case of a medical emergency. I release Cedar Grove Community Church and its respective agents from any liability for injury or damage, and assume all risks from my/my child's participation in ANY CEDAR GROVE SPONSORED ACTIVITIES IN 2018.

\_\_\_\_\_  
(ADULT/PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)