

## YOUTH RELEASE FORM

LAST Name: _	FIRST	FIRST Name:					
Grade:	Age:	Date of Birth:	/	/	_ Circle: Male / Female		
Address:							
City:		State:		Zip: _			
Phone:							
Guardian Cell	Phone:						
Guardian Nam	ne:						
Guardian Ema	il:						
In Case of an E	Emergency Notify	y:					
Phone:	none: Relationship to Student:						
Family Doctor:	Doctor: Phone:						
Insurance Carı	rier:						
Policy Numbe	r:						
Date of Last Te	etanus Shot?						
Community Bib medical or surg under, the gene Medical Practic rendered at the advance of any provide authori such diagnosis	le Church, as ager gical diagnosis or the eral specific super al Act on the med e office of said phy of specific diagnosity and power on the ty treatment or ho deem advisable. T	nts for the undersigned reatment and hospital revision of any physician dical staff of a licensed vician or said hospital, s, treatment or hospital, he part of the aforesaid spital care which the	I, to cons care which or surge hospital, It is unde I care be d agents aforesaid	ent to any ch deemed con license whether cerstood the cing requir to give as d physicia	ent form do hereby authorized X-ray examination, anesthetic, advisable by and is rendered ed under the provisions of the such diagnosis or treatment is at this authorization is given in ed, but is given in advance to specific consent to any and all in in the exercise of his best provisions of Section 25.8 of the		
I certify that th	ne above is true	and correct:					
Parent/Legal (	Guardian Signatu	ıre			Date		
Signature of Student					 Date		



## RELEASE FORM

LAST Name:	_ FIRST Name:			
Date of Birth:/ Circle:	Male / Female	Last Tetanus Shot:		
Address:				
City:	_ State:	_ Zip:		
Phone:				
Cell:				
Email:				
In Case of an Emergency Notify:				
Phone:	Relationship to Student:			
Family Doctor:	Phone:			
Insurance Carrier:				
Policy Number:				
I do hereby authorize Community Bible Church examination, anesthetic, medical or surgical di advisable by and is rendered under, the general under the provisions of the Medical Practical Act diagnosis or treatment is rendered at the office of authorization is given in advance of any specific of given in advance to provide authority and power consent to any and all such diagnosis, treatment exercise of his best judgment may deem advisable Section 25.8 of the Civil Code of California.  I certify that the above is true and correct:	agnosis or treatmer specific supervision on the medical staff of said physician or sediagnosis, treatment er on the part of the ent or hospital care on	nt and hospital care which deemed of any physician or surgeon licensed of a licensed hospital, whether such aid hospital. It is understood that this or hospital care being required, but is a aforesaid agents to give a specific which the aforesaid physician in the		
Signature		 Date		