



CAMBRIDGE CITY
CHRISTIAN CHURCH

Medical / Transportation Release Form

Event: (Ice Skating – Oxford, OH)

Date: January 26, 2020

Child/Youth Name _____ Grade ____ Age _____

Address _____

Phone _____ Cell phone _____

Parent/Legal Guardian Name _____

(I)/(We), the undersigned, parent(s) of _____, a minor, do hereby authorize the adult sponsors of Cambridge City Christian Church, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is required to be rendered under the general or special supervision of, any physician or at the hospital or other health care facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital being required, and is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which may be determined by a physician or surgeon, as aforesaid, to be advisable in the exercise of his/her best judgment.

(I)/(We), the undersigned also authorize the adult sponsors of Cambridge City Christian Church to transport my child(ren) to the above said event. (I)/(We) will not hold Cambridge City Christian Church or its adult sponsors liable in case of an accident or any other unforeseen circumstance.

Signature _____ Date _____
(Parent/Guardian)

Should your child require medical treatment while participating in a Cambridge City Christian Church event, your own family medical insurance will be billed.

Policyholder _____

Name of Insurance Company _____

Policy Number _____

Insurance Agent _____

Group Pre-certification # _____

Office Phone # _____

PLEASE LIST ON THE BACK ANY ALLERGIES OR OTHER MEDICAL CONDITIONS