

# City of Hope Church Youth Explosion Waiver 2008-2009

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Phone number (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent's names \_\_\_\_\_

Mother's phone number \_\_\_\_\_

Father's phone number \_\_\_\_\_

Emergency Contact (Name and number) \_\_\_\_\_

Emergency Contact's relationship to youth \_\_\_\_\_

Allergies \_\_\_\_\_

Existing medical conditions \_\_\_\_\_

## **Health Insurance**

Primary Holder \_\_\_\_\_

Group Name \_\_\_\_\_

Insurance number \_\_\_\_\_

Employer \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

I hereby authorize the City of Hope Youth Leaders to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the above named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

I hereby authorize my child \_\_\_\_\_ to participate in City of Hope Youth Explosion activities. This includes but is not limited to retreats, mission trips, Bible studies, and fellowship nights. The City of Hope youth leaders have permission to transport my child to and from the destinations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date