

**MEDICAL INFORMATION & AUTHORIZATION FORM**

Cypress Valley Bible Church  
P.O. Box 458  
Marshall, TX 75671  
903/938-1711

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK OR OFFICE PHONE \_\_\_\_\_

FAMILY OR GROUP INSURANCE CO. NAME \_\_\_\_\_

POLICY # \_\_\_\_\_

GROUP # \_\_\_\_\_

**MEDICAL**

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

1. Student's age \_\_\_\_\_
2. Any allergic reactions? \_\_\_\_\_
3. Is your child under any regular medication or special diet? Yes / No  
If so, please explain \_\_\_\_\_
4. Any restrictions on activities? \_\_\_\_\_
5. Other information \_\_\_\_\_

**PARENT'S AUTHORIZATION**

In case of medical emergency, after every reasonable effort has been made to contact parent or legal guardian, I hereby give permission to the physician selected by the trip director to secure proper treatment for, and to order injection, anesthesia, or surgery for my child. (Please sign on line provided below under Trip Policy)

**TRIP POLICY**

I understand that I will be held strictly accountable for my behavior on any church-sponsored activity. I understand that possession or use of any drug, alcohol or tobacco product, weapons, and/or fireworks will not be tolerated. I understand vandalism, gambling, violation of curfew or sneaking out of room, shoplifting, possession of pornography, sexual misconduct, or the breaking of any civil law is subject to appropriate action including . . .

1. Parents notified
2. Authorities contacted (i.e., police)
3. Restitution made
4. Returned home at parents' expense
5. Not allowed to attend next trip.

I understand that I represent Jesus Christ and Cypress Valley Bible Church and agree to the above trip policy.

As parent/legal guardian, I also give permission for my child to participate in this activity.

SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_  
parent student