

Christian Home Educators Fellowship (CHEF)

Medical Release Form

Please Print

Student name _____

Birth date

Student name _____

Birth date

Student name _____

Birth date

Student name _____

Birth date

Address

Phone Number

Mother=s name _____

Work or cell

#

Father=s Name _____

Work or cell

#

In case of emergency during classes, and neither parent can be reached, please notify:

Name _____

Phone #

Known Medical conditions, allergies, limitations, etc. (Please indicate for which student(s) they apply:

Date of last tetanus shot (Please list each student=s name with the date):

Family physician (name and phone number):

Medical Insurance Company

Policy Number:

I hereby give permission for my child/children listed above to take part in CHEF Co-op sponsored classes, gym use, and or field trips. I also give my permission, in the event that I cannot be reached in an emergency, to the physician and/or hospital selected by a CHEF representative to hospitalize, secure proper treatment, or order injection, anesthesia, or surgery for my child as named above. I also authorize any representative of CHEF Co-op to render first aid to my child and/or to transport him/her to a medical facility and/or to call an ambulance. It is understood that all costs for transportation arrangements and costs associated with examination and treatment are to be made totally at my expense. I release Community Baptist Church, and the CHEF Co-op as a group and individually from any and all liability or injury in case of an accident as a result of involvement with CHEF Co-op classes and activities. *This release is valid and irrevocable for 13 months from the date hereof.*

Parent or Guardian Signature

Relationship _____ Date

This form must be completed and submitted with your registration packet.