

## W2W REGISTRATION AND MEDICAL AUTHORIZATION

I/ We the undersigned, parent(s) of \_\_\_\_\_, \_\_\_\_\_,  
and \_\_\_\_\_,do hereby authorize representative of Calvary Bible  
Evangelical Free Church of Boulder in his or her discretion to authorize any  
medical treatment by any medical care giver or hospital for the benefit of  
\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.  
Effective the date set forth below through April 30, 2008.

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name

\_\_\_\_\_  
print name

DATED: \_\_\_\_\_  
date signed

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Dr. Phone number \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any other medical information we should know about your child(ren):  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY: Write Mother's class name and room number below.

	Class Name	Room Number
1 <sup>st</sup> Semester		
2 <sup>nd</sup> Semester		

