

2008-2009

Calvary Baptist Church
Youth Ministry (7th-12th Grade)
Parental Consent and Release Form

Student _____ Phone # _____ E-Mail _____
Address _____ City/Zip _____
Birthdate _____ Grade _____ School _____
Church if other than CBC _____ Brought by _____

I give permission for my above named child to go on church
sponsored activities in 2008-2009.

I hereby give permission for my child to go on activities and trips with Calvary Baptist Church of Highland, IN and release CBC, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, if I cannot be reached by phone or if there is no time to be reached by phone, I hereby authorize an adult leader, as agent for me, to consent to any medical care deemed necessary by appropriate personnel. This would include X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

(X) Signature of natural parent or legal guardian agreeing to above statement:

(X) _____ Date _____

Home Phone _____ Emergency Phone _____

Physical Handicaps or limitations _____

Allergies _____

IF FOR ANY REASON THE INFORMATION BELOW CHANGES DURING THE YEAR,
PLEASE CONTACT THE CHURCH OFFICE WITH UPDATED INFORMATION.

Medication to be taken _____

Doctor _____ Address _____

Medical Insurance Company _____

Policy Number _____ Member Name _____

Address of medical insurance company if bill is to be sent to them _____

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