



# PARENTAL CONSENT FORM 2016-2017

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent(s) Name \_\_\_\_\_  
 Business Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_  
 Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

The undersigned does hereby give permission for the use of photographs of me or my child taken when at a Calvary event to be used on the Calvary Web Page or other promotional materials. \_\_\_\_\_ (Initial)

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in the activities at Calvary Baptist Church between the dates of **August 1, 2016-August 31, 2017**. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I, the undersigned do hereby verify that all information is correct and I do hereby release, acquit, and forever discharge all sponsors and Calvary Baptist Church (including ministerial staff and support staff) from any and all claims, damages, liabilities, costs, expenses, demands, actions or case of action, past, present, or future arising out of damage or injury while participating in this event. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical treatment pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Calvary Baptist Church.

Hospital Insurance: Yes  No

Insurance

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Phone Numbers: Day \_\_\_\_\_ Night \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any allergies or special medical needs your child may have:

\_\_\_\_\_  
 \_\_\_\_\_

Circle One: T-shirt Size: **Child** S M L **Adult** S M L XL 2X 3X