

**Calvary Baptist Youth
Medical Release Form**

NAME OF STUDENT _____ ADDRESS _____
HOME PHONE _____ AGE _____ DOB _____ GENDER _____ GRADE _____
NAME OF CUSTODIAL PARENT(S) OR LEGAL GUARDIAN _____
MOTHER'S ADDRESS _____ PHONE (home & cell) _____
Place of business _____ Work Phone _____
FATHER'S ADDRESS _____ PHONE (home & cell) _____
Place of business _____ Work Phone _____

PHYSICIAN'S NAME _____ PHONE _____ EMERG. PHONE _____
CURRENT MEDICATIONS _____
ALLERGIES/SPECIAL NEEDS/HISTORY _____
HEALTH INSURANCE CO. _____
GROUP/POLICY # _____

In case of emergency and I cannot be reached, please contact:

1.) Name: _____ Relationship _____
Phone _____ Cell _____ Work _____
2.) Name: _____ Relationship _____
Phone _____ Cell _____ Work _____
3.) Name: _____ Relationship _____
Phone _____ Cell _____ Work _____

PERMISSION TO PARTICIPATE AND LIABILITY RELEASE

I hereby give permission for my child to attend and participate in activities sponsored by Calvary Baptist Church (CBC) for one year following the date indicated below and to ride in any vehicle designated by the adult whose care my child has been entrusted while participating in activities sponsored by CBC. I hereby agree that CBC and its agents, employees, consultants, affiliates, successors and volunteers have no liability whatsoever for any injury or damage to my child or loss or damage to his or her personal property sustained while he or she participates in or attends a CBC sponsored activity.

I hereby release CBC and its agents, employees, consultants, affiliates, successors, and volunteers from any and all claims, demands, causes of action, liabilities, losses, damages, expenses and costs that may arise from any and all injuries and damages sustained by my child or to any property of my child while engaged in any activity sponsored by CBC. I understand the terms herein are contractual and not merely recital and I have signed this release authorization as my own free act. I have fully read and informed myself of the contents of this permission and release before signing it.

AUTHORIZATION FOR EMERGENCE MEDICAL CARE

I hereby authorize staff or volunteers responsible for coordinating the activity my child participates in, or any other agent, consultant, affiliate or successor, to obtain and authorize such medical or dental care, consultation, and treatment (including the execution of all necessary and required medical forms, documents, and statements) as may be needed during an emergency if I am unavailable. I understand it is my responsibility, and not that of CBC, to pay all costs and expenses related to such care, consultation or treatment.

I hereby represent that I am the parent or legal guardian of the above named child, that I have read and understood these authorizations and do voluntarily execute this Permission to Participate and Liability Release and Authorization for Medical Care.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

From _____ to _____
VALIDATION DATES