



2017-2018 Student Ministry Information/Permission Form

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

-----PERMISSIONSLIP-----

To whom it may concern:

\_\_\_\_\_ has permission to go with the Calvary Baptist Church Student Ministry Group on off-site outings during the year 2017-2018. This may involve being transported in a vehicle driven by an adult age 21 or older. I also give permission for photos to be taken and used in the making of videos or posts in closed/private social media pages. I also give permission for photos of my student to be uploaded to church specific social media sites.

Please seek any medical assistance needed while he/she is with this group.

INSURANCE CARRIER \_\_\_\_\_ POLICY No. \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

By signing this form I, the legal parent/guardian of this child, acknowledge and give permission for my child to attend events with Calvary Baptist Church Student Ministry. I also release Calvary Baptist Church from any liability or injury and ask that they seek necessary medical attention in case of an emergency. I also acknowledge that I have read and agree to these terms.

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN DATE