



**CALVARY BAPTIST CHURCH STUDENT MINISTRY
MEDICAL RELEASE FORM 2018**

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 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