

CALVARY COMMUNITY CHURCH YOUTH PERMISSION SLIP

FOR ANY YOUTH ACTIVITY TAKING PLACE AT CALVARY COMMUNITY CHURCH OR THAT TAKES THE YOUTH OFF CALVARY COMMUNITY CHURCH GROUNDS FOR THE 2005-2006 SCHOOL YEAR FOR THE SELECTED GROUP.

Youth Group GEMS Group Cadets Group

YOUTH NAME: _____

PARENT’S/GUARDIAN’S NAME: _____

I hereby give my consent for the youth listed above to participate in the scheduled Calvary Community Church Youth sponsored events. I understand that all responsible caution will be taken by those persons in charge to prevent injuries, but neither the advisory nor Calvary Community Church will be held responsible in case of an accident. **I agree to accept all responsibility of, and expense for my Youth’s transportation home, if in the opinion of the advisor's, my Youth acts in an inappropriate manner, or in any way creates a situation that could endanger the other Youths or adults.**

Signature of Parent/Guardian: _____

Date _____ Home Phone _____

Medical/Other Information

The Youth named above **IS / IS NOT** (circle one) covered under medical insurance.

Name of Policy Holder _____

Insurance Company _____ Policy # _____

Allergies to medications, food, or other pertinent medical information:

The Youth is taking the following medication: (dosage, schedule, ...)

In the case that I am unable to be reached in the event of a medical emergency, I hereby give my consent for my Youth to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

Signature of Parent/Guardian: _____

Date _____ Work Phone _____

Emergency Contact Person/Phone: _____