

Calvary Liability/Medical Release 2010

In the event of an emergency requiring medical treatment, I hereby give my permission to the licensed physician and/or hospital selected by Calvary Community Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I understand my child may be transported by bus, van or private vehicle. I hereby release Calvary Community Church, its staff, elders, insurers, agents and volunteers of any liability for injury or damage and assume all risks arising out of my child's participation in any and all of Calvary Community Church's Middle School events for the year 2010. I agree that it is my responsibility to inform the Middle School staff in writing if I have concerns regarding my child's participation in any activity including water safety issues. I agree to insure my child against all injury or damages. In addition, I give permission for my child to engage in all activities understanding they may include Christian spiritual training. I understand Calvary Community Church retains the right to use photos taken during activities for publicity purposes.

PERSONAL INFORMATION

Student name: _____ male _____ female
Address: _____ City: _____ Zip: _____
School: _____ Grade: _____ Date of Birth: ____/____/____ Age: _____

Please circle one of the following:

Attend Calvary: Regularly Occasionally Don't, my church is: _____

PARENT/EMERGENCY CONTACT INFORMATION

Parent or person to notify: _____
Phone # of parent/person to notify: Home:(____)_____ Cell:(____)_____
Alternate person to notify: _____
Phone # of alt. person to notify: Home:(____)_____ Cell: (____)_____

MEDICAL INFORMATION

Doctor: _____ Dr. Phone:(____)_____ Tetanus date: ____/____
Do you have health insurance? Yes _____ No _____ Insurance Co.: _____
Policy #: _____ Ins. Co. Phone No.: (____)_____
Medical info., allergies to medicines etc. _____

* * * * *Liability, Refund, & Behavioral Policy Agreement* * * * *

I have read, understand, and agree to Calvary's liability policy as stated above and declare that the above information is correct to the best of my knowledge. As far as my child's behavior at these events, I understand that at the first occurrence of inappropriate behavior, I will be notified and given a chance to speak with my child. I understand that if further inappropriate behavior occurs after I've spoken with my child, I will be expected to come and pick him/her up immediately.

Parent/Guardian Signature

Date