Calvary Chapel Saint Paul
Children's Ministry Event Permission Form

I give my child permission to attend and participate in the _____ or alternate event and all related activities to be held on _____, an event of the Children's Ministry of Calvary Chapel Saint Paul. I understand that my child's attendance and participation in this event and any other activities engaged in, including but not limited to any related transportation, is at his/her own risk and I will not seek to hold Calvary Chapel Saint Paul nor any of its officers, employees or volunteers liable for any injury to my child incurred during this event or during any other activity, including transportation, related to the event.

In the event I cannot be reached, I hereby give my permission to Calvary Chapel Saint Paul to seek and secure medical treatment for my child, including but not limited to hospitalization, anesthesia, surgery, and medication.

_____ _____

Signature of Parent or Legal Guardian **Date**

Personal Information:

Name of Parent or Guardian: _____

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (___)_____ Cell Phone: (____)_____

If person named above is not available in the event of an emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of Physician: _____ Phone: _____

Name of Clinic: _____ Phone: _____

Insurance Provider: _____ Phone: _____

Medical Information – please describe below **and *verbally inform the leader*** *of any special medical conditions, medicines, allergies or special accommodations necessary for your child*:

Any allergies or medical conditions:

_____

_____

_____

_____

Any medications that need to be taken during the event – **Please include directions for use**. You must supply all such medications. By signing above you specifically authorize Calvary Chapel Saint Paul to administer and/or make these medications available to your child:

_____

_____

_____

_____