Calvary Chapel Saint Paul Not Youth Group 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 Not Youth Group 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.

Personal Information:			
Name of Parent or Guardian:			
Child's Name:		Age:	Sex:
	State: Zip		
Telephone: ()	Cell Phone: ()		
If person named above is not av	vailable in the event of an eme	raoney place na	4:6.,.
		rgency, please no	bury:
-	Relationship:		•
Name:		Phone:	-
Name: Name:	Relationship:	Phone: Phone: Phone:	-
Name: Name: Name of Physician:	Relationship: Relationship:	Phone: _ Phone: _ Phone: _ Phone: _	

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: