



Calvary Baptist Church Student Ministry
Parental Authorization, Liability Waiver Medical Release Form

In consideration for permitting my child to enroll and participate in the events and activities provided by Calvary Baptist Church, I being 18 years or older, do for myself and on behalf of my child _____, agree and promise as follows:

Authorization

I (we) are the parent(s) or legal guardian(s) of the student listed above and grant my (our) _____ for him/her to participate fully in Calvary Baptist Church events and activities.

I (we) authorize Calvary Baptist Church staff, volunteers, and leaders to take my child to a doctor or hospital. I (we) also authorize medical treatment, or surgery and I (we) assume responsibility for all medical bills.

I (we) authorize Calvary Baptist Church to furnish any necessary transportation, food and lodging for my child.

I (we) understand that our child may be photographed or videotaped during normal student activities and that these photos and videos may be used in promotional materials published by Calvary Baptist Church.

Liability Waiver, Covenant to Hold Harmless & Indemnify

I on behalf of my (our) child assume all risk and promise to release, forever discharge and hold harmless Calvary Baptist Church, Student Ministries, it's directors, staff, and volunteer leaders from any and all liability for personal injury, sickness, death and damage to personal or public property which might result from my (our) child's participation in any and all church activities, including being transported in church, chartered, and chaperone vehicle to and from the event destination(s). This covenant to hold harmless extends to my (our) child's participation in any and events and activities.

I (we) agree to indemnify and hold harmless Calvary Baptist Church, it's directors, employees, and agents for any liability incurred or property damage/loss sustained by Calvary Baptist Church is the result of the negligent, willful or intentional conduct of my child, including expenses: attendant thereto.

I (we) understand that my child is responsible for treating others property with respect and I (we) assume any responsibility for any and all costs incurred to repair or replace property damaged by my child. Should it be necessary, for medical or disciplinary reasons, to bring my child home before the event ends, I (we) assume responsibility for any and all additional transportation costs.

I (we) hereby certify that I (we) have read and clearly understand these terms and that this authorization/waiver/covenant is being executed voluntarily.

At least one parent/legal guardian must sign below in the presence of a notary.

Father: _____

Mother: _____

Signature: _____

Signature: _____

Cell Phone #: _____

Cell Phone #: _____

Home Phone# _____

Home Phone# _____

Name & Phone # of Emergency Contact: _____

State of Tennessee

I hereby certify that _____ who is well known to me or presented ID of _____
Appeared to me and acknowledged and executes this document this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____

Medical Information and Emergency Contacts

Name: _____ Grade: _____

Address: _____, _____, TN _____

Birth date: _____ Cell Ph#: _____

Home Ph#: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

Address: _____, _____, TN _____

Cell Ph#: _____ Home Ph#: _____

2. Name: _____ Relationship: _____

Address: _____, _____, TN _____

Cell Ph#: _____ Home Ph#: _____

3. Name: _____ Relationship: _____

Address: _____, _____, TN _____

Cell Ph#: _____ Home Ph#: _____

Insurance Information:

Insurance Company: _____ Group/Policy #: _____

**Copy of insurance card and prescription drug card (if different) should be attached*

Physicians Name: _____ Phone#: _____

Medical Information:

Circle any of the following that have ever been present:

Epilepsy/Seizures Motion Sickness Hemophilia/Bleeding Disorder

Muscular/Skeletal Problems Bronchitis/Chicken Pox Asthma/Wheezing

Kidney Problems Diabetes Other: _____

Allergies:

Type and reactions: _____

Medicines and reactions: _____

Current Medications (list OTC and Prescriptions): _____

May we dispense manufacturer recommended doses of the following OTC medications to you child.

Tylenol Y/N	Pepto Bismol Y / N	Motrin Y/N	Caladryl Y/N
Advil Y / N	Immodium Y / N	Dramamine Y / N	Triple Antibiotic Oint, Y / N
Benadryl Y/N	Mylanta Y / N	(Neomycin/Polymyxin/Bacitracin Oint.) Y/N	