

**COLLISION**  
STUDENT MINISTRIES  
TO HAVE AN IMPACT THERE MUST BE A COLLISION

I hereby authorize and give my permission for \_\_\_\_\_ (Child's Name),  
to participate in the following Collision Student Ministries Event:

Date: \_\_\_\_\_

Event: \_\_\_\_\_

I understand that volunteer staff, chaperones and trip leaders will supervise my child while on this trip. I also understand that my child may be transported in private vehicles of volunteers.

Check One:

\_\_\_\_\_ My child needs no special considerations during this activity.

\_\_\_\_\_ My child has the following special needs or considerations related to this activity:

\_\_\_\_\_.

Authorization for Emergency Treatment:

I hereby give permission to the supervisors and authorized drivers of church off-site activities/field trips and other events of Calvary Baptist Church to consent to X-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment.

I also agree to assume any and all financial responsibility for the participant's care while under the supervision of Calvary Baptist Church or its representatives.

I hereby release and waive all claims against Calvary Baptist Church, its employees, representatives, volunteer drivers, and chaperones related to this event.

This permission form has been signed only after understanding and considering all of the information set forth above.

Signature: \_\_\_\_\_  
(Parent/Guardian)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

