

Calvary Baptist Church Youth/Child/Minor Activity and Medical Release Form

Activity: _____

Date of Activity: _____

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____

Day Phone, Mother: _____

Father: _____

Other Contact (Name/#): _____

Please include copy of your Insurance Card

Insurance Co.: _____ Policy #: _____

Health Concerns (medication, allergies, surgeries)?: _____

I hereby give permission to my child to attend and participate in activities sponsored by Calvary Baptist Church, Bristol, PA I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.

I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adult(s) in charge and that NO tobacco, alcohol, illegal drugs, or sexual misconduct will be permitted at the event.

I will assume all transportation costs for the youth if problems occur during this event. I will take no civil action or legal action against the adult(s) in charge of events of Calvary Baptist Church for normal care of the minor in their charge.

Parent or Legal Guardian Signature: _____

Date: _____