



3266 Southside Blvd.
 Jacksonville, FL 32216
 (904) 928-1067

Permission Slip

For: _____

MINOR CHILD

I, the undersigned, am parent or legal guardian of the minor child listed above and do hereby give permission for the minor child listed above to attend _____ with Calvary Worship Center's youth department. I do hereby release Calvary Worship Center and all its officers, agents, and employees, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event. I further agree that the financial responsibility for securing care, in case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that Calvary Worship Center cannot pay health care providers for treatment of any injuries. It is further agreed that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from said activities.

Signed this ____ day of _____, 20__.

Signature of Parent or Guardian

Parent Phone (during event): _____ Printed Name: _____

THIS SECTION ONLY REQUIRED FOR TRIPS OR OVERNIGHT EVENTS

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor child, listed above, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where treatment is rendered. I release from medical responsibility and liability the hospital, physician(s), and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Insurance Carrier: _____ Policy Number: _____

Coverage Type: _____ Insurance Phone Number: _____

Policy Holder's Name: _____ SSN: _____

Allergies to Medications: _____

Allergies (Other): _____

Note any other significant medical information (ie. medications): _____

Signed this ____ day of _____, 20__.

Signature of Parent or Guardian

Printed Name: _____

Emergency Contact: _____ Phone: _____

I, the undersigned officer duly qualified and authorized to administer oaths, do hereby state and affirm that _____, personally known by me, appeared before me and in my presence executed the above permission/liability waiver. Witness my hand and seal this ____ day of _____, 20__.

NOTARY: _____

My Commission Expires _____