



CALVERT COMMUNITY CHURCH STUDENT MINISTRIES

PARENTAL/GUARDIAN PERMISSION

Student's Name(s) _____

Event Name _____

Event Location _____

Event Date(s) _____ Time(s) _____

Method of transportation (if by car, include name of driver) _____

Cost (should be turned in with permission slip) _____

Special circumstances/concerns _____

PARENT RELEASE

I, the undersigned, in consideration for the participation of my child in this event, do hereby waive, release and forever discharge Calvert Community Church, their agents, employees and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of my child's participation in this event. I also grant permission to administer all medical services that may result from injuries during participation, including emergency and referral if necessary.

Printed Name of Parent(s) _____

Address _____ City _____ Zip _____

Email Address(es) _____

Phone Number(s) _____

Please list any allergies or medications the student has. _____

Health Insurance Policy owner / # _____

Parent / Guardian Signature(s)

Date