

**Calvary Free Will Baptist Youth Ministries
2024 Annual Permission & Release Form**

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – January through December, It is the parent’s responsibility or legal guardian’s responsibility to notify the Youth Leader of any changes that need to be made during the year.

Youth Information:

Name: _____ **DOB:** _____

Address: _____

School: _____ **Grade:** _____

Parent(s) or Legal Guardian: _____

Phone Number: _____ **Phone Number** _____

Medical Insurance Carrier: _____

Policy # _____ **Group #** _____

Policy Holder’s Name _____ **Place of Employment** _____

Emergency Contact Information:

Name: _____ **Name** _____

Phone Numbers: _____

MEDICAL

Minor’s medical conditions that leaders should be aware of: (asthma, diabetes, epilepsy, allergies, etc....)

My minor child should be excluded from the following activities:

Medication: _____

(List all medications the youth will take during any youth ministry trips.)

Dietary Restrictions: _____

Permission to Participate:

I, _____ (parent or guardian) of _____

(minor) hereby give my consent for my minor child to participate in youth activities at Calvary Free Will Baptist Church from _____ date to _____ (date).

_____ Calvary Free Will Baptist is not responsible for the loss or theft of personal belongings. (Initial please)

HOLD HARMLESS/LIABILITY RELEASE

_____ I understand that all reasonable safety precautions will be taken by the program leaders during (Initial) each activity, and that the possibility of an unforeseen hazard does exist. 1) I further agree to waive, release, and discharge from and any all claims or liabilities for death or personal injury damage of any kind, which arise or relate to my child's participation in Calvary Free Will Baptist's youth activities, the following person, or entities: Pastors, Trustees, Church Board, Deacons, employees, volunteers, and agents of any of the above: 2) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my student's action. I hereby assume the risks of my child participating in all Calvary Free Will Baptist's youth activities.

CONSENT TO TRANSPORT

_____ I give my consent for Calvary Free Will Baptist Church to transport my child and will assume (Initial) all liability for their participation in this activity/event and any injury that may result during the transport or at the event/activity. I will not hold Calvary Free Will Baptist Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible for liable for injury occurring to the named minor in the course of travel. I accept full responsibility and hereby grant permission for me or my minor to travel with Calvary Free Will Baptist Church.

PHOTO CONSENT

_____ I grant Calvary Free Will Baptist Church permission to use my child's photograph in any and (Initial) all publications, including website entries, without payment or any other consideration. I authorize Calvary Free Will Baptist to edit, publish or distribute photos for purposes of publicizing Calvary Free Will Baptist Church's programs and events.

PERMISSION TO DISPENSE NON-PRESCRIBED MEDICATION

_____ I give permission for Calvary Free Will Baptist Church's staff/volunteers to give the initialed (Initial) non-prescription medications or those I have provided, to my minor child as needed. Please initial each medication listed to indicate that the church staff/volunteers may dispense that medication to your child should the need arise.

___ Tylenol ___ Advil ___ Bayer ___ Imodium A-D ___ Tums ___ Pepto Bismol ___ Benadryl
___ Hydro-cortisone cream ___ Neosporin ___ Calamine Lotion ___ Bactine

CONSENT TO TREAT A MINOR

Being the parent or legal guardian of _____, (minor)
I/We _____ (parent/guardian's name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event, I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child.