



Primary Parent Contact  
Phone Number:

**CALVARY UNITED METHODIST CHURCH**  
**Consent and Waiver Form**  
**May 1, 2014 through May 31, 2015**

**Student Information**

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Emergency Contacts**

*The purpose of this form is to provide information for the Calvary staff in the event of an emergency.  
Please complete with as much detail as you can. (All Mission Trip participants—attach a copy of Insurance Card.)*

Mother/Step Mother \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Preferred E-Mail Address \_\_\_\_\_

Father/Step Father \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Preferred E-Mail Address \_\_\_\_\_

Other person to call in case of an emergency—Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

List any medications participant is currently taking and why \_\_\_\_\_

Does the participant have any medical or health limitations, or has the participant had any serious illness, accidents, or surgeries during the last year? If yes, please describe: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

I give permission for the staff or sponsors to administer non-prescription analgesic medication (Tylenol, ibuprofen) as needed.  
\_\_\_\_\_ Yes \_\_\_\_\_ No (please check Yes or No)

**Participation Agreement**

I understand that the Calvary staff and sponsors need to know pertinent information about my mental and physical health. Therefore, anything I feel would jeopardize my safety or the safety of others has been disclosed with the understanding that this information will be kept confidential except on a "need to know" basis.

I understand that if I have omitted vital information that could put myself or others in danger and/or if my conduct becomes a detriment to the Calvary activity, that I may be sent home at my parent's expense or my parents will be called to pick me up immediately.

Youth's Signature \_\_\_\_\_ Parent's (Guardian's) Signature \_\_\_\_\_

**Parental Release**

I hereby give permission for a **Calvary Pastor, Director or Sponsor/Leader** to seek proper medical help in the case of an emergency and, if needed, give the physician authority to hospitalize and/or order injections, anesthesia or surgery in the course of securing proper treatment.

Also, I agree that any pictures taken in the course of Calvary Activities, which includes photos and video of my child, may be used for publicity of that event on the Calvary UMC web page and other pictorial formats (i.e. directory, slide presentation, etc.)

Parent's (Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_