



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 _____