**STUDENT INFORMATION/PERMISSION**

Note: Everyone must fill out a permission slip. Students under the age of 18 must have permission slip signed by a parent or guardian.

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDAY (M/D/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_ AGE \_\_\_\_\_\_\_ HOME PHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF HEALTH • TO BE FILLED OUT BY PARENTS OR GUARDIAN**

1. Emergency Phone: Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Family Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE**

In the event my child becomes ill or is injured while under Calvary Assembly of God’s supervision, I approve their authority taking the following steps in the following order:

1. Contact the parents of the child and follow his or her instructions.

2. In the event of an emergency when neither parent can be immediately reached, contact the child’s physician and follow his instructions.

3. If the child’s physician cannot be immediately reached, Calvary Assembly of God’s representative will use their own discretion in contacting a properly licensed practicing physician or the nearest hospital and follow their advice.

If in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower Calvary’s representative to furnish on my behalf such written or oral authorization as may be so required.

Further, I release the representative of Calvary Assembly of God and/or Calvary Assembly of God from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

**ALLERGIES, MEDICATIONS OR SPECIAL MEDICAL INFORMATION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION & LIABILITY RELEASE**

I hereby grant permission for my child to attend the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_field trip on \_\_\_\_\_\_\_\_\_\_ with the representative from Calvary Assembly of God.

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me

to participate in this event on \_\_\_\_\_\_\_\_\_, 20\_\_, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against the representative of Calvary Assembly of God and/or Calvary Assembly of God, as well as any other person connected with the activity, their heirs, executors, administrators, successors, and assigns for any and all injuries which I may suffer while taking part in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ field trip on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or as a result there of.

**Signature of Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**