

CALVARY STUDENT MINISTRIES

ACTIVITIES CONSENT FORM

Name of youth _____ Birth date (m/dd/yy) _____
Cell Phone # (if applicable) _____ Home Phone # _____
Student's Physical Address _____
Student's Mailing Address _____
Name of parent(s) or guardian(s), with all contact numbers for each parent/guardian starting with best contact number first _____

Other person and their contact number to call in emergency _____
Can your youth swim? Yes/No/Not very well _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No
If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- | | | | | |
|-----------------------------------|---------------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADHD | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Autism | <input type="checkbox"/> Anxiety Issues |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Allergies | |

Please explain. _____

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity?
 Yes No. If yes, please explain. _____

Family Doctor: _____
Insurance Co.: _____

Doctor's Telephone: _____
Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Calvary Student Ministries, a ministry of Calvary Assembly of God, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, if I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: Pastor Jason Grennan, Pastor Alexandria Grennan, another adult chaperone designated by the pastor, and _____. (**Note to Parent:** you may add or delete a name as desired.) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Calvary Assembly of God will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth pastors in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian

Date

Youth Pledge

I hereby pledge to uphold all policies of the Calvary Student Ministries. During all youth activities and all youth trips, I pledge to follow all instructions of the leaders and the adult chaperones, including safety instructions.

Signature of Youth

Date