

Annual Church Ministries Permission/Liability Form
Calvary Grace Assembly of God
January 2016 through December 2016
(PLEASE PRINT)

Student Name _____ Date of Birth/Age _____
Parent/Guardian Name _____ Parent Cell _____
Address _____ Home Phone _____
_____ Work Phone _____

Alternate Contact Person _____
Relationship _____ Phone _____

I hereby give permission for the above named student to participate in all of the regularly scheduled activities/trips/outings of **REVIVE Youth** of Calvary Grace Assembly of God during the time period of **January 2016 - December 2016**.

I understand that I will be notified in the case of a medical emergency involving my child. I authorize the emergency medical treatment of my child and the providing of necessary medical services in the event my child is injured or becomes ill. If any medical emergency treatment is necessary, I authorize the designated leader of the group to act on my behalf and approve appropriate treatment. I understand that the church and its leaders will not be responsible for medical expenses incurred solely on the basis of authorization.

I do hereby also release Calvary Grace Assembly of God from any liability, including any and all officers of the church and adult leaders of the group, in case of any accident en route, during, and returning from such event.

(Parent/Guardian Signature) _____ (Date)

Medical Information (Please Print)

Name of Insurance Company _____
Child's Full Name _____
Insurance Member ID _____
Insurance Policy/Group # _____
Phone Number of Insurance Company _____
Address of Insurance Company _____

Please list any **Special Needs/Medical Concerns** your child has and **MEDICATIONS** taken:

