

**Calvary Student Ministry**  
**Medical, Liability, and Permission Release Form**  
**Calvary Baptist Church**  
**5700 Cantrell, Little Rock, AR 72207**  
**501-663-8303**

I hereby give my permission for \_\_\_\_\_  
to take part in Calvary Student Ministry event. I further give my permission for the church  
representatives or sponsors of the trips or activities to secure needed medical treatment in the event that  
I cannot be reached for such permission. I release the church, its representatives, and its sponsors from  
all liability, claims or demands for personal injury, sickness or death as well as property damage and  
expenses, of any nature whatsoever which may be incurred by the above signed participant that occur  
while said child is participating in various church activities.

I further understand and grant by permission for my child to participate fully in these activities and give  
my permission to take said participant to a doctor or hospital and hereby authorize medical treatment,  
including but not in limitation to emergency surgery or medical treatment, and assume the responsibility  
of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary  
action or otherwise, I hereby assume all transportation costs.

Home Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

In case of emergency, please contact:

Parent or Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_

Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Friend or relative \_\_\_\_\_ Phone No. \_\_\_\_\_

List of known food/drug allergies: \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

Swimming my child is a: Non-swimmer \_\_\_\_\_ Fair swimmer \_\_\_\_\_ Good swimmer \_\_\_\_\_

Family Medical Insurance Co. \_\_\_\_\_

Policy Number / Group Number: \_\_\_\_\_

I hereby agree to and understand all information listed on this form.

Unless terminated in writing, this release shall be effective for two (2) years from the date signed.

Signature \_\_\_\_\_ (Parent or Guardian)

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary \_\_\_\_\_

My commission expires \_\_\_\_\_

**Trip Participant only**

I have read the foregoing and understand the rules of conduct for participants and will abide by them as  
well as the directions of the leadership of the trip.

Participants Signature \_\_\_\_\_