

CALVARY REFORMED CHURCH YOUTH MINISTRIES

995 E. Eighth Street, Holland, MI 49423

PARENTAL CONSENT FORM FOR A MINOR – September 2008-August 2009

Activity _____ Dates of Activity _____

This completed form **must** be turned in to the leader(s) of the activity/trip. **NO STUDENT WILL BE ALLOWED TO TAKE PART IN THE ACTIVITY WITHOUT THIS FORM.**

NAME _____ SEX ____ BIRTHDATE _____ AGE _____

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____
Street City State Zip

WORK PHONE _____ HOME PHONE _____

IN CASE OF AN EMERGENCY WHEN PARENT CANNOT BE REACHED, NOTIFY:
NAME _____ PHONE _____

HOME ADDRESS _____
Street City State Zip

Please list any health concerns or allergies: _____

List all medications, if applicable _____

Health Insurance Policy/Group # _____

Physician's Name and Office # _____

The above information is correct so far as I know, and the person herein described has permission to engage in all prescribed trip activities, except as noted by me.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Church leaders permission to act on my behalf in seeking emergency treatment for my child in the event that the Church leaders deem such treatment necessary. The parent or guardian understands that this authorization is given also to authorize any hospital which has provided treatment to the child to return physical custody of the child to Calvary Reformed Church Youth Ministries and its adult staff members when treatment is completed. I give permission for my child to travel across state AND country borders with Calvary Reformed Church if such travel is required during this activity. I also release the counselors of Calvary Reformed Church from all liability for accidents incurred on this trip as long as the Church leaders are not grossly negligent.

I ___agree or ___do not agree (please check one) to give Calvary Reformed Church permission to use this minor's name and/or photograph in worship services, brochures, newspaper articles and/or websites.

This form is valid for the duration of the activity and twelve months following unless revoked in writing and delivered to Calvary Reformed Church.

PARENT/GUARDIAN SIGNATURE DATE_