

# CALVARY COMMUNITY CHURCH STUDENT MINISTRIES

## MEDICAL & LIABILITY RELEASE FORM 2020-2021

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### **Student & Family Information** (please print in ink)

Name: \_\_\_\_\_ Gender: M or F

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Office Phone: \_\_\_\_\_

### **Check the Following Areas of Concern for the Student** (if necessary add details)

1. For your child's safety and our knowledge, is your student a...

Good Swimmer       Fair Swimmer       Non-Swimmer

2. Does your child have allergies to...

Medications       Pollens       Insect Bites       Food (allergy or restriction)

3. Does your student suffer from, has ever experienced, or is being treated currently for any of the following...

Asthma       Epilepsy/Seizure Disorder       Heart Trouble  
 Diabetes       Frequently Upset Stomach       Physical Handicap

4. Should this student's activities be restricted for any reason? Please explain; include names of medications and dosages that must be taken...

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# RELEASE OF LIABILITY

\_\_\_\_\_ has my permission to attend  
(Student's Name)  
student activities sponsored by Calvary Community Church Student Ministries from  
September 2020 through August 2021.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Joshua Johnson and Calvary Community Church of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend student activities at Calvary Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## DRIVING PERMISSION

(SR. HIGH ONLY)

\_\_\_\_\_ has my permission to ride with the following students...

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

Initials: \_\_\_\_\_



**CALVARY**

1200 Roosevelt Rd  
St. Cloud, MN 56301