



# Parental Consent Form

## Calvary Chapel Bend

20225 Cooley Road  
Bend, OR 97701

(541) 383-5097  
www.ccbend.com

## Child Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Grade in / completed: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency contact numbers:

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Parental Consent

The undersigned does hereby give permission for my child, \_\_\_\_\_ to attend and participate in youth activities sponsored by Calvary Chapel Bend in Bend, Oregon (CCB).

As parent or guardian, I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, dental diagnosis or hospital care. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the Director of Youth Ministries while attending and participating in activities sponsored by CCB.

We, the guardian and the participant, also give CCB permission to use the participant's image in any publication materials (print or online) that might be used to promote the ministry in the future.

Student signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**Parent and Student Agreement**

We, parent and student, understand that inappropriate behavior towards another group member, private party, church property, vehicles, the property or persons or churches we may visit during an event may result in student being financially liable for their actions. In the event of property damage, the student and parent agree to reimburse all damages caused by the student. Should it be necessary for my child to return home due to medical or disciplinary reasons, the undersigned shall assume all transportation costs.

Student signature \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**Medical Form**

Any Allergies or Existing Conditions? (check all that apply)

- Food \_\_\_\_\_
- Seasonal \_\_\_\_\_
- Bee Stings
- Penicillin
- Other \_\_\_\_\_
- Heart Condition
- Convulsion / Seizures
- High Blood Pressure
- Frequent Stomach Upset
- Hearing Aid
- Diabetic
- Asthma
- Glasses
- Contacts

Record of Sickness / Immunization (check all that apply)

- Chicken Pox
- Hepatitis
- Immunization Tetanus (Booster) \_\_\_\_\_

Medication / Dietary Needs (please ensure your child has these with them at all times)

1) Are there any daily routine treatments or medications required by your child?

- No  Yes

If yes, please list: \_\_\_\_\_

If yes, please indicate:  Child may take on their own

Medication must be administered by an adult

2) Are there any special dietary needs?

- No  Yes

If yes, please list: \_\_\_\_\_

**Insurance / Doctor Information**

Hospital Insurance:  No  Yes Insurance Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist / Ortho Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

## **Calvary Chapel Bend Covid-19 Activities/Sports Participation Agreement**

The undersigned Student and parent/guardian, on behalf of their minor child, agree to the following conditions and stipulations regarding the health condition of student named below

In order to be eligible to participate in Activities/Sports, student must comply with the following criteria for participation. Student will not attend Activities/Sports unless student meets the following criteria: No temperature above 100.4 within the prior 72 hours; not taken any fever reducing medication within the last 72 hours; no close contact with anyone being tested/diagnosed with Covid-19 within the last 14 days; no congestion/runny nose; no sore throat; no shortness of breath/difficulty breathing; no nausea/vomiting; no excessive fatigue/tiredness; no muscle/body aches; no loss of taste or smell.

Student agrees to follow all directives from Calvary Chapel Bend staff and official volunteers regarding compliance with pandemic protocols and that Student will be required to leave Calvary Chapel Bend property and facilities if Student fails to comply with directives, become symptomatic (as described above in the criteria), or falsifies the daily certification regarding criteria for participation.

The undersigned understands that despite all precautions taken by Calvary Chapel Bend regarding Covid19 protocols, that Student may be at risk for contracting Covid19 by participating in Activities/Sports. The undersigned hereby releases, discharges, and agrees to indemnify and hold harmless Calvary Chapel Bend, their employees, agents, board members, volunteers, successors, and assigns, from all claims, lawsuits, damages and demands whatsoever, including defense costs, arising out of, or in connection with Student's participation in Activities/Sports, including Covid19 exposure/infection.

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**For more information or questions please contact Rina Dean at 541.390.0089**



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Bend OR 97701  
541-383-5097

**I have read the foregoing, fully understand the contents, and agree to the conditions and stipulations above.**

Student printed name: \_\_\_\_\_

Student signature: \_\_\_\_\_

\*Age of Student: \_\_\_\_\_

Parent/Guardian/Student over 18 printed name: \_\_\_\_\_

Parent/Guardian/Student over 18 signature: \_\_\_\_\_

Parent/Guardian/Student over 18 Mailing address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

\*If the student participating in Calvary Chael Bend Activities/Sports is above age 18, parent/guardian signature is not required and Student must sign representing that they understand fully the contents of this participation agreement and hereby consent to the foregoing.



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