

**Calvary Evangelical Free Church Student Ministries**  
**All Year Parental Participation/Consent Form - August 1, 2008-August 31, 2009**

I/we give consent for \_\_\_\_\_ (student's name) to attend and participate in all Calvary Evangelical Free Church (CEFC) youth sponsored events from August 1, 2008 through August 31, 2009.

In the event that he or she is injured while under the care of CEFC and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

I/we authorize an adult, in whose care our son/daughter has been entrusted, to consent to any medical treatment (x-ray, anesthetic, medical, surgical, etc.) to be rendered to the minor. I/we also authorize an adult, whose care our son/daughter has been entrusted to, to take whatever steps necessary to stop bleeding and to administer first aid.

I/we further agree to hold the licensed physician, the medical facility, CEFC and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/we understand the nature of the events held at/by CEFC and do hereby release CEFC and its representatives from any liability due to accident or injury incurred by my child.

I/we agree to cover all costs if our son/daughter needs to be sent home for medical reasons or disciplinary reasons. I/we also hereby give permission for our son/daughter to ride in a church designated vehicle by the adult in whose care the student has been entrusted while attending and participating in any activity sponsored by CEFC.

I/we understand that I, or my minor child, may be traveling in a 12 passenger van, 15 passenger cargo van, bus, car, plane, etc.

I/we understand that his consent from will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect during the period of time listed above. The undersigned will inform CEFC of any changes for the information on this form.

I/we will allow the staff and volunteers to use my son/daughter(s) image for website and publication purposes.

**Parent/Guardian Signature:** \_\_\_\_\_

Name of Parent/Guardian (print): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Name of School: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<p><b>Does your son or daughter have any allergies? Is he/she taking any medications or have any medical or physical condition?</b> <input type="checkbox"/> Yes    <input type="checkbox"/> No    (If so, please list on the back of this consent form!)</p>
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Medical Insurance:     Yes     No    Date of Last Tetanus: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number (s): \_\_\_\_\_

Phone number/address of Ins. Co. \_\_\_\_\_

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