



WWW.CALVARYBYESVILLE.ORG

**PERMISSION SLIP  
GENERAL YOUTH ACTIVITY**

FOR ANY SCHEDULED YOUTH ACTIVITIES SPONSORED BY CALVARY  
BAPTIST CHURCH BOTH ON AND OFF CHURCH GROUNDS.

YOUTH NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I give my consent for the youth listed above to participate in scheduled Calvary Baptist Church youth events (including transportation). I understand that all responsible caution will be taken to prevent injuries, however I will not hold Calvary Baptist Church or its members liable in any way for any injury sustained.

I agree that, if in the supervisors opinion, my youth acts in an inappropriate manner, or in any way creates a situation that could endanger the other youths or adults I may be contacted to transport my child home.

I agree that pictures of activities, that may include my child, might appear on the church website, Facebook page, or in other church media.

I give my permission for those adults in charge to obtain any medical care they feel is necessary for my child. If I am unable to be reached in the event of a medical emergency, I give my consent for my child to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

Signature of Parent/Guardian: \_\_\_\_\_

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

Emergency Contact Person/Phone: \_\_\_\_\_

Insurance Co./Policy #: \_\_\_\_\_

Allergies to medicine, foods, or other medical info?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Youth is taking the following medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



WWW.CALVARYBYESVILLE.ORG

**PERMISSION SLIP  
GENERAL YOUTH ACTIVITY**

FOR ANY SCHEDULED YOUTH ACTIVITIES SPONSORED BY CALVARY  
BAPTIST CHURCH BOTH ON AND OFF CHURCH GROUNDS.

YOUTH NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I give my consent for the youth listed above to participate in scheduled Calvary Baptist Church youth events (including transportation). I understand that all responsible caution will be taken to prevent injuries, however I will not hold Calvary Baptist Church or its members liable in any way for any injury sustained.

I agree that, if in the supervisors opinion, my youth acts in an inappropriate manner, or in any way creates a situation that could endanger the other youths or adults I may be contacted to transport my child home.

I agree that pictures of activities, that may include my child, might appear on the church website, Facebook page, or in other church media.

I give my permission for those adults in charge to obtain any medical care they feel is necessary for my child. If I am unable to be reached in the event of a medical emergency, I give my consent for my child to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

Signature of Parent/Guardian: \_\_\_\_\_

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

Emergency Contact Person/Phone: \_\_\_\_\_

Insurance Co./Policy #: \_\_\_\_\_

Allergies to medicine, foods, or other medical info?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Youth is taking the following medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_