



Calvary Chapel Fargo
Children's Ministry Event Permission Form

I give my child permission to attend and participate in the \_\_\_\_\_ or alternate event and all related activities to be held on \_\_\_\_\_ an event of the Childrens Ministry of Calvary Chapel Fargo. I understand that my child's attendance and participation in this event and any other activities engaged in, including but not limited to any related transportation, is at his/her own risk and I will not seek to hold Calvary Chapel Fargo nor any of its officers, employees or volunteers liable for any injury to my child incurred during this event or during any other activity, including transportation, related to the event.

In the event I cannot be reached, I hereby give my permission to Calvary Chapel Fargo to seek and secure medical treatment for my child, including but not limited to hospitalization, anesthesia, surgery, and medication.

Signature of Parent or Legal Guardian

Date

Personal Information:

Name of Parent or Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

If person named above is not available in the event of an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information - please describe below and verbally inform the leader of any special medical conditions, medicines, allergies or special accommodations necessary for your child:

Any allergies or medical conditions:

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

Any medications that need to be taken during the event - Please include directions for use. You must supply all such medications. By signing above you specifically authorize Calvary Chapel Fargo to administer and/or make these medications available to your child:

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