

PERMISSION FORM

Calvary Baptist Church
47 Half Mile Turn
Rising Sun, Maryland 21911
(410) 658-4885

Permission is hereby given for my child to accompany Calvary Baptist Church on trips, events, and activities sponsored by the Calvary Baptist Church. In the event of personal injury or sickness, permission is given for the staff or the designated leader of the group to obtain emergency or medical treatment. I assume full responsibility for the payment of any reasonable charges for services rendered.

CHILD'S NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

ADDRESS _____

PARENT'S NAME _____

DAY PHONE () _____ NIGHT PHONE () _____

ALTERNATE PERSON TO CONTACT _____

RELATION _____

DAY PHONE () _____ NIGHT PHONE () _____

DESCRIBE ANY PHYSICAL PROBLEMS, ALLERGIES, CONDITIONS, YOUR CHILD MAY HAVE.

NAME OF INSURANCE COMPANY _____

POLICY NO. _____ (or) GROUP NAME _____ (and)

GROUP NO. _____ PHONE (if available) _____

PARENT'S OR GUARDIAN'S SIGNATURE AND DATE:

DATE _____

(Please list any additional information or instructions below.)