

**CALVARY CHAPEL OF SALT LAKE CITY
YOUTH MINISTRY
Student Permission Form and Medical Release**

PLEASE ATTACH A COPY OF STUDENT'S CURRENT INSURANCE CARD

My name is **(PARENT/LEGAL GUARDIAN NAME)** _____
_____ and I give my permission as parent/legal guardian for
my child **(STUDENTS NAME)** _____
to attend and participate in Calvary Chapel of Salt Lake City activities, missions, and events.
Furthermore, I agree to release Calvary Chapel of Salt Lake City and their staff/volunteer
workers from all liability in case of accident or injury that may occur while participating in any
activity, or activities, including travel to and from such activities sponsored by Calvary Chapel of
Salt Lake City.

Date: _____

Parent/Legal Guardian Signature

MEDICAL RELEASE STATEMENT

1. In case of accident, illness, or injury, I hereby give my permission to Calvary Chapel staff and/or their volunteer workers to act on my child's behalf in regards to any medical attention and/or surgical treatment deemed necessary.
2. I hereby give my permission to Calvary Chapel staff and/or their volunteer workers to choose the nearest hospital, medical treatment center or ambulance service when necessary.
3. I hereby accept full financial responsibility for any/and all charges incurred.
4. I hereby release Calvary Chapel and its staff and/or volunteer workers from any and all liability in the event that any such accident, illness or injury should occur.

Date: _____

Parent/Legal Guardian Signature

Hospitalization Policy No.: _____

Policy Issued Under Name of: _____

IF MY INSURANCE CHANGES, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE STUDENT MINISTRY.

CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO. I hereby allow photographs and video of my child's participation in the Calvary Chapel of Salt Lake City Student Ministry to be published via print, video, or website which are affiliated with Calvary Chapel of Salt Lake City. I understand the publication may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the Church from the unconsented use, alteration, or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

Printed Name of Parent/Legal Guardian

Parent/Legal Guardian Signature

Printed Legal Name of Student

**CALVARY CHAPEL OF SALT LAKE CITY
YOUTH MINISTRY
Medical Information and History Form**

Student's Name: _____ Age: _____ DOB: _____

Address: _____

Street Address

City

State

Zip

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Phone(s): _____

Hospital Insurance: _____ POLICY #: _____

INSURANCE COMPANY NAME: _____

Other Medical Issues: _____

Please list any allergies: Foods _____ Insects _____

Medicines _____

Previous Serious Illnesses: _____

Current Medications and Dosages: _____

Special Dietary Issues: _____

Current Doctor: _____ Phone No.: _____

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Printed Legal Name of Student: _____

Date: _____

PLEASE ATTACH A COPY OF INSURANCE CARD