

2018 Six Flags Trip Permission Slip

I _____, give _____ permission
(Print Parents Name) (Print Participants Name)

to attend and participate in Calvary's Six Flags Magic Mountain trip. I understand that my student will be participating in varying activities with other Calvary students, as well as adult leaders from Calvary and that he/she will be transported to and from the event by Calvary leaders.

In case of emergency, I give Calvary Baptist Church or the person placed in charge of my child permission to have my child treated without having to wait until I am contacted. I will not hold the individual in charge, the attending physician, Calvary Baptist Church, its staff or volunteers, responsible. We consent to any treatment, including but not limited to: X-ray, examination, medical or surgical diagnosis, treatment, and hospital care.

I understand the activity directors will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact me are unsuccessful.

I give my child permission to take the following medication if the person in charge considers there is a need for them:
(Please check each medication that you give your child permission to take.)

- Tylenol-regular or extra strength for fevers, headaches, muscle cramps, aches
- Advil-headaches, muscle cramps, fevers, aches
- Mylanta, Maalox-upset stomach
- Dramamine-motion sickness
- Murine Eye Drops-for irritated eyes
- Benadryl-allergic reactions

List any physical, emotional, or mental needs so leaders can be sensitive to your child's special needs. _____

Insurance Carrier _____

Policy Number _____ Group Number _____

Student's Date of Birth _____ Age _____ Grade _____.

Emergency Contact Numbers:

Name _____ Home: _____ Cell: _____

Name _____ Home: _____ Cell: _____

I have read the above and agree to not hold Calvary Baptist Church or the adult supervisors liable for any injuries that may occur during this Event. I therefore will allow my student to participate in this Calvary Baptist Church sponsored event.

Parent's Signature _____ Date _____

