

## 2019 Boat Day Permission Slip

I \_\_\_\_\_, give \_\_\_\_\_ permission  
(Print Parents Name) (Print Participants Name)

to attend and participate in Calvary's High School Summer Boat Day. I understand that my student will be participating in varying activities with other Calvary students, as well as adult leaders from Calvary. I also understand that my student will be participating in water activities which carry inherent risks, and they will need to follow the guidance and instruction of Calvary staff and volunteers to minimize the risk of incidents.

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 \_\_\_\_\_

