2021 Winter Camp Permission Slip

(Print Parents Name)	(Print Participants Name)	
to attend and participate in C participating in varying activities he/she will be transported to an	with other Calvary studer	mp Trip. I understand that my sonts, as well as adult leaders from Cry leaders.	student will be Calvary and that
permission to have my child treat in charge, the attending physiciate any treatment, including but and hospital care. I understand the activity	ated without having to wait an, Calvary Baptist Church not limited to: X-ray, exam directors will endeavor to	urch or the person placed in char until I am contacted. I will not hole, its staff or volunteers, responsible ination, medical or surgical diagnoreach us should the nature of the personnel responsible if efforts to	ld the individual le. We consent osis, treatment injury or illness
for them: (Please check each medication to Tylenol-regular or e	that you give your child pe xtra strength for fevers, he nuscle cramps, fevers, ach set stomach sickness or irritated eyes	eadaches, muscle cramps, aches	there is a need
List any physical, emotional, needs		ders can be sensitive to your	child's specia
Insurance Carrier			
Policy NumberGroup Number			
Student's Date of Birth			
Emergency Contact Numbers:			
Name	Home:	Cell:	
Name	Home:	Cell:	
I have read the above and agree injuries that may occur during th Baptist Church sponsored event	is Event. I therefore will all	st Church or the adult supervisors low my student to participate in thi	liable for any is Calvary
Parent's Signature		Date	

