

# 2021 WINTER CAMP PERMISSION SLIP

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

to attend and participate in Calvary's 2021 Winter Camp trip to UCYC. 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. I 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 me should the nature of the injury or illness warrant it. However, I 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 which 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 - irritated eyes
- Benadryl - allergic reactions

List any physical, emotional, or mental needs so that our leaders can be sensitive to their 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 \_\_\_\_\_

