



Calvary Baptist Church
1230 Liberty St SE Salem, OR 97302 (503)363.9246

CONSENT FORM

_____ has my permission to participate in all activities of the Calvary Baptist Church and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent is in effect until I give the Calvary Baptist Church written notice to the contrary.

Parent/Guardian signature: _____ Date: _____
 Phone: (_____) _____ Cell Phone: (_____) _____ email: _____
 Street: _____ City: _____ Zip: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care, first-aid treatment and/or injection, anesthesia or surgery as needed for _____ in the event of illness or injury during any sponsored activity of Calvary Baptist Church. This permit is in effect until I give Calvary Baptist Church written notice to the contrary.

Parent/Guardian signature: _____
 Health Insurance Company: _____ Subscriber's Name: _____
 Policy Number: _____ Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___ yes ___ no. If yes, explain:

Is he/she required to take any medication? ___ yes ___ no. If so, for what reason and how often?

Does he/she have any food allergies or allergic reaction to any medication? ___ yes ___ no. If yes, explain.

Is he/she presently under a doctor's care? ___ yes ___ no. If yes, explain.