

"Parental Consent, Certification, and Medical Authorization"

Parents and legal guardians of youth under the age of 18 are asked to complete this form and return it to **Calvary Assembly of God**. The information requested is designed to assist Calvary Assembly of God in providing the safety of minors for all church-sponsored activities during the entire year of 2021. **This form will provide parental consent, certification, and medical authorization for the entire year of 2021.** If any insurance changes should occur during the year of 2021, it is solely the responsibility of the parents or legal guardians to provide Calvary Assembly of God with the changes so records can be properly updated.

(Please Print:)

I. General Information:

Child's Name _____ Date of Birth _____ Current Grade _____

Father's Name _____ Mother's Name _____

Child's Address _____ City _____ State/Zip _____

Parent's Cell No. _____ Parent's Work No. _____

Parent's Email _____

Family Doctor _____

Doctor's Work No. _____

Insurance Company _____ Policy Number _____

II. Medical Questionnaire:

1. Is your child being treated for or taking any form of medication for long-term health or behavioral reasons? YES ___ NO ___
(if YES, please explain and give name of medication and it's side effects)

2. Does your child have any allergies (including medication)? YES ___ NO ___ (if YES, please explain)

3. Does your child ever sleepwalk or have any other disorders of the kind? YES ___ NO ___ (if yes, please explain)

4. Can your child swim? YES ___ NO ___

5. Does your child have any physical condition or illness that would prevent him or her from participating in rigorous activities? YES ___ NO ___ (if YES, please explain... a written release form must be submitted by your child's physician authorizing your child to participate in such activities.)

6. Does your child require a special diet? YES ___ NO ___ (if YES, please explain... Please ensure that your child takes the responsibility of obtaining the proper foods or drinks before travel and/or before an event that does not provide those proper foods or drinks that they need. Calvary Assembly of God is not responsible for any negligence on the part of your child.)

III. Medical Treatment Authorization:

I, _____, the parent and/or guardian of _____ understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill during all church events for the entire year of 2021. I authorize an adult supervisor to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that Calvary Assembly of God will not be responsible for injuries, illnesses or medical expenses incurred solely on the basis of this authorization. I agree to notify Calvary Assembly of God in the event of any health changes that would restrict my child's participation in any church-sponsored activities that may take place. I also agree to notify Calvary Assembly of God of any insurance changes pertaining to my child. A facsimile or photocopy of this form shall be as valid as the original.

Parent or Guardian Signature

Date

Model Release Form 2021

Model Release

I, _____, do hereby give Calvary Youth Ministries and Calvary Assembly of God, their licensees and legal representatives, the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manner, including but not limited to composite or distorted representations, for advertising, trade, or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I am of full age. I have read this release and am fully familiar with its contents. I agree that this release will extend to all events in the year 2021.

Signature _____

Printed Name _____

Address _____

Date _____

Parent/Guardian Consent

(If student is under the age of 18)

I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights for all events in the year 2021.

Signature _____

Printed Name _____

Address _____

Date _____

Calvary Assembly of God
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