

Calvary Chapel of the Hudson Valley  
PERMISSION FORM/MEDICAL RELEASE FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date / / School \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

I give permission for my child to join the Calvary Chapel Hudson Valley Youth Group with the Leaders to participate in the following church sponsored activity: \_\_\_\_\_

I hereby release CCHV and the leaders of this activity from responsibility and or liability for any illness and or/injury that my child may sustain during this activity.

In the event of an emergency, I \_\_\_\_\_, hereby authorize an adult leader of this activity as agent for met, to consent to medical care for my child, as deemed necessary by a licensed professional.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_