

Calvary Baptist Church Huntsville, TX

YOUTH ACTIVITIES CONSENT FORM

Name of youth _____ Birth date _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes _____ No _____

If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Circle and explain below.)

Asthma Hay fever Kidney disease

Diabetes Heart murmur Seizure disorders

Please explain. _____

Does your youth ever sleepwalk? Yes _____ No _____

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____ If yes, please

explain _____

Family Doctor _____ Doctor's Telephone (_____) _____

Insurance Co. _____ Policy No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Calvary Baptist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I hereby give permission for my child to go on activities and trips as stated above and release Calvary Baptist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, if I cannot be reached by phone or because of an emergency there is no time to be reached by phone, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible

Signature of Parent or Guardian Date

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of Calvary Baptist Church, Huntsville, TX. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Youth Date

