

Calvary Chapel of Lexington Student Ministry Release Form

1156 Barr Road | Lexington | South Carolina | 29072
803.951.2273

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of Calvary Chapel of Lexington and to be transported by rented or private vehicle when necessary. I understand all activities will have adult supervision. In consideration of the benefits to be derived from the activities, I hereby voluntarily waive any claim against Calvary Chapel of Lexington, its staff, volunteers, as well as the owner and driver of the vehicle furnishing transportation. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the volunteers in charge. This consent and release is in effect until I give Calvary Chapel of Lexington written notice to the contrary.

Parent/Guardian Name: _____ Signature: _____

Street: _____ City: _____ Zip: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Calvary Chapel of Lexington. This permit is in effect until I give Calvary Chapel of Lexington written notice to the contrary.

Parent/Guardian Signature: _____ Insured's Name: _____

Health Insurance Company: _____ Policy Number: _____

EMERGENCY INFORMATION

Please print your responses to the following questions (use the back of the form if necessary):

Has student had any surgery or serious illness within the last three years? If yes, please explain.
_____ yes _____ no

Is student required to take any medication? If so, for what reason and how often?
_____ yes _____ no

Does student have any allergies or allergic reaction to any medication? If yes, please explain.
_____ yes _____ no

Is student presently under a doctor's care? If yes, please explain.
_____ yes _____ no

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			