



PERMISSION SLIP/ EMERGENCY INFORMATION

Student's Name		Date of Birth	
Doctor's Name & Telephone Number		Last Tetanus	Blood Type
List any allergies, medicines, illnesses or disabilities			

Insurance Information

Company		Telephone Number	
Policy #/ Group Number			
Mother's Name	Phone Number	Father's Name	Phone Number
Address		City	ZIP Code

Emergency Contact

Name	Phone Number
Relationship	

CONSENT TO TREATMENT

As a parent/legal guardian of _____, I give permission for the subject of this release to be involved in the overall activities of Calvary Chapel Whittier Youth Group.

I/We have been informed about the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by Calvary Chapel Whittier and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree to not hold Calvary Chapel Whittier, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Father's Signature	Date	Mother's Signature	Date
Student's Signature	Date		