



CALVARY BAPTIST CHURCH

6548 S. Newlin Avenue, Whittier California 90601

Calvary Baptist Church
Student Ministries
Release Form January 2015 -January 2016

Student's Name: _____ Grade: _____
Address: _____ City _____ Zip: _____
DOB _____ Home Phone: _____
Students Cell: _____

Parent/ Guardian Names: _____

Father's Employer: _____ Work address: _____
Work phone Number: _____ Cell: _____
Mothers' Employer: _____ Work Address: _____
Work phone Number: _____ Cell: _____
Email _____

Family Doctor's Name: _____ Doctors' phone Number: _____
Doctor's Address: _____

In case of illness or accident, I hereby authorize church officials to call any local physician if none of the above persons can be reached immediately.

Close relative or neighbor who may be called if parents(s) cannot be reached:

1. Name: _____ phone: _____
2. Name: _____ Phone: _____

Name of your Insurance Company? _____
Policy Number: _____ Group Number: _____
In whose name is the insurance? _____

Any present medical conditions? _____ Yes _____ No
If there are current conditions then what are they? _____
Any allergies? _____ Yes _____ No
If there are allergies then what are they? _____

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Activity restrictions? _____ Yes _____ No
What are the restrictions? _____

Authorization To Treat A Minor

Student name

I (we) the undersigned parent, parents, or legal guardian of _____ a minor, do hereby authorize and consent to any x ray examination, anesthesia, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under that general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which is aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

We give our permission for the above student to accompany the youth group on all trips from January _____ through January _____. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Calvary Baptist Church. Students will be under adequate supervision. Should it be necessary for my child to return home due to behavioral problems, the undersigned shall assume transportation responsibilities.

I understand that while a student is participating in Calvary Baptist programs and events that photographs, film and audio recordings of students may be taken of students and be used for promotional purposes. If you desire that your Childs likeness not be displayed in promotional materials then inform the pastor of student's ministry in writing.

Disputes & Reconciliation

___/___ We understand and Agree that we will make every effort to live at peace and resolves disputes with each othe r in conformity with the Biblical directives stated in 1 Corinthians 6:1-8. Matthew 5:23-24 and Matthew 18:15-20. Therefore, we agree to submit to any dispute including, but not necessarily limited to negligence, contract, or statutory, we have with CBC that may otherwise lead to legal action, first to the pastor of CBC, and if not satisfied, to the CBC Board, and if not satisfied, then and only then to binding arbitration that will be handled according to the rules and guidelines of the Institute for Christian Conciliation (ICC). By submitting to such CCS binding arbitration, we have chosen to follow the Biblical command for the resolution of conflicts (1 Corinthians 6:1-8), and in so doing, we understand that we are expressly waiving any right we may have to submit such a dispute to either court of low or to an administrative or government body for resolution. (Copies of ICC Handbooks and guidelines are available in any of our offices for parents' review.)

By signing below I as a signing Parent/Guardian acknowledge that I have read, understand, and will adhere to my responsibilities to inform the ministry of any information changes on this Release Form.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____