

**General Parental Consent and Health Form**  
**For Calvary Baptist Church Youth Group Activities**  
**For the period from September 1, 2024 to August 31, 2025**

**Name of Child:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Parent's Cell Phone #:** \_\_\_\_\_

**Other #:** \_\_\_\_\_

**Parent's Email:**

\_\_\_\_\_

**Emergency Contact Name:**

**Cell Phone #:** \_\_\_\_\_

**Other #:** \_\_\_\_\_

**Emergency Contact Name:**

**Cell Phone #:** \_\_\_\_\_

**Other #:** \_\_\_\_\_

**SPECIAL LEARNING NEEDS for your child – please list below:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Information - please answer below:**

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any life-threatening allergies?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff/leaders should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain:

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If there is anything else we need to know about your child's health?

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If applicable, list trusted people to pick up the Child:

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If applicable, list not authorized people to pick up Child:

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### **Consent**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, authorize treatment under the direction of any licensed physician of the above minor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after reasonable effort has been made to reach me by phone. I will not hold the church, or their staff, administration, or workers, liable for any injury to or loss of possessions by the above minor during any activity either on the church property or away, including regular meetings as well as special events.

Printed Name: \_\_\_\_\_  
(Parent or guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_