



Medical Information & Permission Form for Children & Youth

Student's Last Name	
Student's First Name	
Student's Preferred Nickname	
Birthdate	
Age	
Grade	
School	
Allergies/Meds/Med Needs	
Address	
Parent/Guardian Name(s)	
Parents' Home Phone	
Parents' Mobile Phone(s)	
Parents' Email(s)	
Student's Email (if applicable)	
Student's Cell Phone (if applicable)	
Pick Up Permissions <small>(Who beside you can pick up your child)</small>	
Emergency Contact & Phone	
Emergency Contact & Phone	
Emergency Contact & Phone	
Emergency Contact & Phone	
Special Notes	

Additional information & necessary authorizations on the reverse side of this page.

****PLEASE INITIAL EACH STATEMENT AND SIGN AT THE BOTTOM****

MEDICAL/INSURANCE AUTHORIZATION

I understand that this Medical Information & Permission Form is effective from the date of *September 1, 2021* through the date of *December 31, 2022*, and that it is my personal responsibility to report any changes in the information I have provided directly to the church office at 717-442-8161. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information.

I further understand that, in the event my child requires medical or dental treatment while engaged in church activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to this church's children workers or any adult counselor acting on behalf of this church, as an agent for me, to consent to emergency medical treatment advised and supervised by a physician, surgeon, EMT, or dentist (as appropriate) licensed to practice under laws of the state where the services are rendered, either as an outpatient or in any hospital.

I further understand that this church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations, and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and this church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from this church's medical and hospitalization coverage.

Primary Care Doctor/Provider Name: _____

City/State: _____ Office Phone: _____

_____ I have read and understand the above statement.

EVENT PARTICIPATION AUTHORIZATION

I am the parent/legal guardian of the child(ren) listed above and will be informed of the activities offered by Calvary Monument Bible Church located in Paradise, Pennsylvania, in the county of Lancaster, beginning on *September 1, 2021* and ending on *December 31, 2022*.

_____ I consent for my child(ren) to attend activities provided by CMBC, including transportation by a CMBC approved driver(s).

PHOTO AND VIDEO AUTHORIZATION

Pictures and/or videos may be displayed on the church website, Facebook page, church bulletin boards, PowerPoint presentations, in church flyers/brochures/directories, and in outside publications such as local newspapers. Names may be used in publications, but no other personal information will be posted. Your child(ren)'s image may be included in these pictures and/or videos. Please **initial** below if you DO NOT want your children's images to be included.

Note: *Non-consent does not cover the use of group shots that are taken from a distance or photos in which the angle makes it difficult to identify individuals.*

_____ **NO, I do not give permission for my child's image to be included in photos, videos, and/or publications as outlined above.**

STATEMENT OF WAIVER OF LIABILITY AND ASSUMPTION OF RISK RELATED TO CORONAVIRUS/COVID-19

_____ COVID-19 is highly contagious and is known to spread mainly from person-to-person contact. By attending Calvary Monument Bible Church (the "Ministry"), you agree to abide by the procedures established by the church to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by COVID-19 either at the church, or during any of the church activities that your child attends. You agree to assume all the risks of attendance and participation for you and your family, and you waive any liability against the church and any other parties.

Signature: _____ Print Name: _____ Date: _____

**If you have any questions about this form,
please contact the church office at (717) 442-8161 or cmhc@calvarymonument.org**