CALVARY MONUMENT BIBLE CHURCH
LOVING, LIVING, LEADING FOR GOD'S GLORY

2025-2026 Medical Information & Permission Form

Children & Youth

Name(Last, First)	M/F	Date of Birth	Grade/Age	Allergies/Medications/ Medical Needs	Student's email address & cell phone number *(if applicable)*
1)					
2)					
3)					
4)					

Use additional forms if needed

Parent(s)/Guardian(s) Name(s):_____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Primary Email: _____

Cell #1:(_____) _____belongs to: _____ Cell #2:(_____) _____belongs to: _____

Emergency Contact (other than parent/guardian):

Name: _____Relationship to Child: _____Home Phone:(_____) _____Cell Phone:(_____) _____

The following people are authorized to pick up my children (for 6th Grade and younger):_____

My child(ren) attend: ❒ Public School (District):_____ ❒ Private School (School):_____ ❒ Homeschool

- Please complete other side -

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, 2025,* through the date of *December 31, 2026*, 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.

_____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, 2025 ,* and ending on *December 31, 2026*.

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

NEW GUIDELINES FOR PHOTO AND VIDEO AUTHORIZATION

I understand that any images captured at all CMBC events may be used on print and online publications or social media.

Print Name: _____ Date:_____

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