



2026-2027

Mount Calvary Church  
625 N Holly Street  
Elizabethtown, PA 17022

**Yearly Medical Information & Permission Form**  
(For all children under the age of 18)  
Effective June 1, 2026 through September 30, 2027  
**THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN**

**Child's Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check One:  Male  Female Grade: \_\_\_\_\_

If your child is involved in MCC Kids or MCC Students ministries, please select one:

MCC Kids (birth – 5<sup>th</sup> grade)  Middle School (grades 6-8)  High School (grades 9-12)

**Parent/Guardian Name(s):** \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second parent/guardian address (if different):

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Medical Information:**

Does this child have any medical/health problems or chronic/recurring illnesses which would have an effect on the child's participation in activities sponsored by MCC church? Yes No

If yes, please describe:

Check if child is allergic to: Penicillin Insect Stings Poison Ivy Hay Other None  
Please list other allergies:

Hospital Preference: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**MEDICAL/INSURANCE AUTHORIZATION:**

I understand that this Medical Information & Permission Form is effective from the date of June 1, 2026 through the date of September 30, 2027, and that it is my personal responsibility to report any changes in the information I have provided directly to the church office at 717-367-1601. 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/youth sponsors or any adult counselor acting on behalf of this church, as an agent for me, to consent to any x-ray examination; injections; anesthesia; medical, dental or surgical diagnosis treatment; and hospital care and treatment advised and supervised by a physician, surgeon, 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. 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 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.

\*Typed or Signed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*By typing my name above I am electronically signing this document and stating that the information provided is true to the best of my knowledge. MCC will treat this like a physical handwritten signature on a paper form.

**ADDITIONAL FOR MCC STUDENTS (grades 6-12): EVENT PARTICIPATION & TRANSPORTATION AUTHORIZATION**

I am the parent or legal guardian of \_\_\_\_\_ and I am informed of the activities

offered by Mount Calvary Church (hereinafter "church") located in the Town of Elizabethtown, County of Lancaster, and State of Pennsylvania, beginning on June 1, 2026, and ending September 30, 2027.

**Please initial the two statements below:**

\_\_\_\_\_ As the parent or legal guardian of my child, I consent for my child to attend and participate in all activities provided by this church at the locations of 625 N Holly Street, Elizabethtown, PA; 45 Veterans Drive, Elizabethtown, PA; or at another location but sponsored by the Ministry.

\_\_\_\_\_ As the parent or legal guardian of my child, I hereby give permission for my child to ride in any vehicle driven by an approved and licensed student ministry volunteer while participating in an organized student ministry event. Seat belts will be worn at all times. At least three individuals (one must be an adult volunteer and the remaining two no younger than twelve years of age) will be in the vehicle at all times.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED AT THE ACTIVITIES SPONSORED BY THE MINISTRY THAT MY CHILD WILL BE ATTENDING PURSUANT TO THIS CONSENT AND RELEASE FORM, INCLUDING TRANSPORTATION TO AND FROM SAID EVENTS.** In consideration of my child being permitted to participate in the event(s) described above and other valuable considerations the receipt of which is acknowledged, I hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS the Ministry and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages, INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS, and including without limitation, interest, penalties, court costs, attorney's fees and expenses resulting from or on account of injury to my child, myself, or my property in connection with any event anticipated by this form. I FURTHER RELEASE any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I EXPRESSLY AGREE that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I ALSO AGREE that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

**I FURTHER STATE that I have carefully read the foregoing consent and liability release and know the contents thereof and I sign this document as my own free act. This is a legally binding agreement which I have read and understand.**

\*Typed or Signed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*By typing my name above I am electronically signing this document and stating that the information provided is true to the best of my knowledge. MCC will treat this like a physical handwritten signature on a paper form.