

Parental Permission Form

Child's name _____

Birthday _____ Age _____

Child's name _____

Birthday _____ Age _____

has/have my permission to attend Vacation Bible School (VBS) from June 4th-8th from 6:00 PM to 8:30 PM at Calvary Baptist Church. I am the proper legal guardian for the child/children listed above and have authority to grant permission for them to attend the VBS. I understand that it is my responsibility to provide transportation for my child/children to and from the church unless I indicate approval below for the church to provide transportation. I understand that I must be available to sign for my child/children at both pickup and drop-off if the church is providing transportation. There will be two adults in each transportation vehicle.

Please check all that apply:

Yes, I give permission for my child/children to be picked up and taken to the Vacation Bible School by licensed adults from Calvary Baptist Church.

Yes, I give permission for my child/children to be brought from Vacation Bible School back to the place from which they were picked up by adults from Calvary Baptist Church.

In the event that I am not present at both pickup and drop-off times to sign for the listed child/children, the following adult(s) will be present and are authorized by me to sign for the listed child/children: _____ or

Guardian Information

Address

City _____ State _____

Zip _____

Parent/Guardian

Home Phone _____ Cell Phone _____

Email address _____

Emergency Contact _____

Phone _____

Church _____

Pastor _____

Medical Release

Should my minor child/children listed above require emergency medical treatment as a result of accident or illness arising during the VBS, I consent to such treatment. I grant permission for the staff and volunteers working at Calvary Baptist Church for its VBS to consent to and authorize medical care for my child on my behalf and transport my child for medical care in the event of an emergency, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I have fully disclosed all of my child's allergies and medical conditions below.

Child's Allergies:

Medical Complications:

Release and Authorization

I acknowledge that the nature of the participation in the VBS may expose my child/children listed above to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. In consideration of and in return for my child/children listed above being permitted to participate in the VBS at Calvary Baptist Church, I hereby release Calvary Baptist Church (and its board, employees, and volunteers) from any and all liability, claims and actions that may arise from injury or harm to the above-listed child/children in connection with participation in the VBS and/or transportation to or from Calvary Baptist Church. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Calvary Baptist Church (or its board, employees, or volunteers), including but not limited to negligence, mistake, or failure to supervise by Calvary Baptist Church (or its board, employees, or volunteers).

I have read and understand the entire contents of this Parental Permission Form, including the transportation section, the Guardian Information, the Medical Release, and the Release and Authorization and agree to be bound by its terms.

Parent/Guardian Signature

Date