

# CalvaryKids 2015

## Permission-Release Form

### Child Information

Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student  
Cell # (\_\_\_\_) \_\_\_\_\_

Authorization of Consent to Treatment of Minor: (I)(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize Calvary Spokane children's ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

If it is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable. This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s).

### Release of Calvary Spokane Church:

\_\_\_\_\_ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Calvary Spokane Church and its affiliate corporations its agents, servants, employees, officers, and directors from any other sums which the Calvary Spokane Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of real or personal property belonging to the Calvary Spokane Church and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by \_\_\_\_\_ (child's name).

### Video and Photography Release

\_\_\_\_\_ (parent's name) give permission for \_\_\_\_\_ (child's name) to be photographed and/or videotaped for promotional use only. I hereby give permission for images of my child, captured during Calvary Spokane events and activities through video, photo and digital camera, to be used solely for the purposes of Calvary Spokane promotional material and publications, and waive any rights of compensation or ownership thereto. Examples of use include but are not limited to Calvary Spokane bulletin boards, Calvary Spokane website, Email Newsletters, and Facebook page. Pictures are published without last names.

Day Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Parents/Guardian Email Address \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ If not insured please check here \_\_\_\_

Known Medical Conditions \_\_\_\_\_

Medication? \_\_\_\_\_

Allergies? \_\_\_\_\_

Last Tetanus Immunization? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Inhaler?: \_\_\_\_\_ Epi Pen?: \_\_\_\_\_ Other \_\_\_\_\_

Camp Calvary Nurses have my permission to administer the following to my child at their discretion:

Please check all that you give permission to administer:

<input type="checkbox"/> Tylonol	<input type="checkbox"/> Claritin	<input type="checkbox"/> Itch cream	<input type="checkbox"/> Bug Repellant	<input type="checkbox"/> Aloe Vera Gel
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Sunscreen	<input type="checkbox"/> Tums	<input type="checkbox"/> Cortizone Cream	<input type="checkbox"/> Antibiotic Ointment
<input type="checkbox"/> Advil	<input type="checkbox"/> Imodium	<input type="checkbox"/> Throat Lozenger	<input type="checkbox"/> Benadryl cream	<input type="checkbox"/> Hibiciens (would cleaner)

Parent/Legal Guardian (Printed Name) \_\_\_\_\_

Parent/Legal Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_