

## EVENT PERMISSION SLIP

XStream/Calvary Church (Information Confidential)

I, \_\_\_\_\_, the legal Parent/Guardian of \_\_\_\_\_ do hereby release XStream and Calvary Church representatives from any and all liability in case of accident or illness.

My child has permission to participate in all XStream events with Calvary Church between June 1, 2020 and May 31, 2021.

Parent/Guardian contact number: \_\_\_\_\_

Emergency contact name (if parents are unable to be reached): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDIA RELEASE

I, \_\_\_\_\_, give my permission for Calvary Church/XStream to use my child's picture on their website, social media sites, and for media releases (web & print) in which to advertise a church event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# MEDICAL INFORMATION FORM

Valid June 1, 2020 – May 31, 2021 (Information Confidential)

## Student and Parent/Guardian Information

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Student birth date (MM/DD/YYYY): \_\_\_\_\_

Sex (circle): Male / Female \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Health Information

1. Describe any health factors that make it advisable for the above named to limit physical activity on a trip, stating any limitations necessary:
2. Is the above named taking any medications (circle): Yes / No
  - a. If yes, what are the directions for the medication(s):
3. Any known allergy to any medications (circle): Yes / No If yes, explain:
4. Any known allergy to any foods (circle): Yes / No If yes, explain:
5. Any known allergies (circle): Yes / No If yes, explain:
6. Recent exposure to a communicable disease (circle): Yes / No If yes, explain:
7. Has been given a tetanus shot within the last five years (circle): Yes / No
8. May have aspirin if needed (circle): Yes / No Aspirin substitute (circle): Yes / No

Family physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anything else we should know about the above named individual?

## Emergency Medical Release

In case of emergency, I authorize any medical care deemed necessary by any accredited physician, nurse, or hospital while traveling to and from and while attending a Calvary Student Ministry event.

Except for those limitations named above, I certify that \_\_\_\_\_ is healthy and fit to participate with the Calvary Student Ministry program.

## Insurance Information

Insurance Company Name: \_\_\_\_\_

Primary insurance group name: \_\_\_\_\_

Primary insurance policy number: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_