



Royal Rangers Outpost 209 Calvary Christian Center

Parent permission and consent to treat form



(Name of participant) _____

Has the opportunity to take part in a Calvary Christian Center activity. Participation in these events is purely voluntary and requires your written permission. If you approve of the following arrangements, please sign at the bottom and return the form to the child's teacher / leader.

ACTIVITY _____

DESTINATION _____

DATE(S) _____ STARTING TIME _____ ENDING TIME _____

ACTIVITY SUPERVISOR _____

BEHAVIOR GUIDELINES: At all time the child is expected to follow the orders of the adult supervisors. Each child is to behave in a courteous manner; there is to be no foul language or fighting of any type. If the child repeatedly or flagrantly violates these guidelines, you will be contacted to immediately come and pick up your child from the activity. **If arrangements can't be made for you to pick up your child personally, you assume ALL financial responsibility for the immediate transportation home of your child.**

TRANSPORTATION: In the event that transportation is required, the child must use the means of transportation checked below both to and from the event, unless written permission by parent / guardian is presented to the activity supervisor prior to departure.

- | | |
|--|--|
| <input type="checkbox"/> Church-owned bus | <input type="checkbox"/> Private vehicle |
| <input type="checkbox"/> Church-owned vehicle | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Other |
| <input type="checkbox"/> Commercial: Name of Company _____ | |

MEDICAL INFORMATION

Insurance company _____

Policy number _____

Family doctor(s) _____

Is the child allergic to any medications? Yes No

If yes please _____

Is there any important medical information the supervisor should know concerning your child? _____

NAME OF PARENT (Please print) _____

HOME PHONE _____ CELL PHONE _____ EMERGENCY _____

I hereby give my permission for above-named child to participate in this activity and agree to all guidelines detailed above. I further agree that in the case of a medical emergency, illness, or injury, the supervisor has my express permission to take the above-named child to a doctor or medical facility to receive treatment.

(Signature of parent or guardian)

(Date)

This form must be completed for each activity and submitted prior to the scheduled event