

**CHILDREN'S MINISTRY
RELEASE FORM**

As Parent(s)/Guardian(s), I give my consent for my child, _____
(Give Child's name)
to participate with CALVARY CHURCH, GREENSBORO, NC.

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|-----------------------------|
| Activity Information |
|-----------------------------|

I release CALVARY CHURCH and its operative from any liability or injury sustained due to my child's disobedience.
I endorse the authority of CALVARY CHURCH and its operatives as chaperones of my child for this activity, and assume all responsibility for the decisions made regarding emergency treatment secured on behalf of my child during this activity.

AUTHORIZATION TO TREAT A MINOR

I, the undersigned parent(s)/guardian(s) of said minor child _____
(Give Child's name & age)
do hereby authorize adult workers with CALVARY CHURCH, as agents for the undersigned, to consent to an examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licenced under the provision of the Medical Practice Act on the medical staff of a licenced hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Any Restrictions or Comments: _____

Signature of Parent(s)/Guardian(s) & Date

Home phone of Parent(s)/Guardian(s)

Work phone of Parent(s)/Guardian(s)

Emergency contact numbers: _____
