

# Calvary Baptist Church of Newark, DE Christian Education Yearly Medical and Permission Form

Effective dates: September 2025 through August 2026

Please print in ink and return to Christian Ed. Board

Name (Full): \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name of School/address \_\_\_\_\_ Year in school (Grade) \_\_\_\_\_

Male  Female Student's Email \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (House) \_\_\_\_\_ Student's Cell/other: \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's name \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Guardian's name \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—

good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to—

pollens  medications  food  insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma  epilepsy / seizure disorder  heart trouble  diabetes

frequently upset stomach  physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

## Medical History

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

**For your information, we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive during the event
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters (on overnight trips)
- No sexual or otherwise inappropriate contact/behavior
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Cell Phone Policy**

Most electronic devices are not allowed at Calvary Baptist Christian Education Events. The reason for this is to create an environment that is free of distraction where people can focus on each other and God. Cell phones are a difficult matter and we understand a parent's desire to be able to communicate with their child. For the majority of our events we prefer students to not have cell phones. Having said this if you as a parent feel that your child should bring a cell phone please understand that the cell phone is not be used or seen unless it is an emergency. If a student needs access to a phone they should ask one of the staff members. We would also ask that if you need to contact your child first utilize the contact number that is made available for each event . If a student uses a cell phone for other than emergency reasons or without permission from a leader/staff person the cell phone will be taken away until the end of the event. **Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Calvary Baptist Church's Christian Education activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, prayer, worship services, golfing, miniature golf, hayrides.

**Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the event leader prior to that event. That includes any desire to make your child's image and/or name unrecognizable in event documentation.**

Youth and leaders routinely take photos and audio/videos during events, and selections may be used for official church publicity, or be shared by themselves. I / we hereby assign and grant to Calvary Baptist Church, Newark Delaware the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all church activities, and I hereby release CBC and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. In addition, I authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of CBC and I / we specifically waive any right to any compensation I may have for any of the foregoing.

I / We the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend the events being organized by the Calvary Baptist Church of Newark, DE. I/We understand that there are inherent risks involved in any event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event treatment is required from a physician and /or hospital personnel designated by the church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I / we also acknowledge that we will be ultimately responsible for the cost of any medical care by the health insurance provider. I/we also agree to bring our child home at my/our own expense should they become ill or if deemed necessary by the trip leadership.

With signing this permission form I/we are in understanding and agreement of stated event and give permission for my son/daughter (student's name) \_\_\_\_\_ to attend these events under the guidance and supervision of adult leadership from the Calvary Baptist Church of Newark, DE.

**IMPORTANT NOTE:** Without a completed permission slip and medical release form a student will not be allowed to attend any event or participate in any activity.

Parent/s Name/s (printed) \_\_\_\_\_

Parent/s Signature/s \_\_\_\_\_ Date \_\_\_\_\_