

Permission Form

Participant Info

Name: _____ Phone: _____

Email: _____ Age: _____

Street Address: _____ City: _____ Zip: _____

Permission Slip—For those under 18 yrs of Age

I give permission for my son/daughter to attend the _____ (event name) outing sponsored by Calvary Chapel Cedar City Youth Group on _____ (date).

I also give my permission to any and all of the sponsors on this trip to seek and obtain medical attention for my son/daughter in the event of an emergency. It is understood that Calvary Chapel Cedar City, its sponsors and its affiliates can not be held responsible for any accidents that may occur.

Parent/Legal Guardian Signature: _____

Insurance carrier: _____ Policy#: _____

Family Physician: _____ Dr. Phone: _____

Known allergies: _____

Current Medications: _____

Emergency Contact Name /Phone#: _____