

**PARENT/GUARDIAN CONSENT AND RELEASE**  
**CALVARY BAPTIST CHURCH OF YPSILANTI, MICHIGAN**  
1007 Ecorse Rd., Ypsilanti, MI 48198 (734) 482-1990 [www.cbcpypsi.org](http://www.cbcpypsi.org)

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father \_\_\_\_\_ Work Ph. \_\_\_\_\_ Mother \_\_\_\_\_ Work Ph. \_\_\_\_\_  
In emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Name of Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address of Health Insurance \_\_\_\_\_

**Health History:**

Allergies: \_\_\_\_\_ Insect stings \_\_\_\_\_ Drugs \_\_\_\_\_ Aspirin \_\_\_\_\_ Other?  
Other Conditions: \_\_\_\_\_ Heart Condition \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma  
\_\_\_\_\_ Hay Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Stomach Upsets  
\_\_\_\_\_ Physical handicap \_\_\_\_\_ Epilepsy \_\_\_\_\_ Aspirin \_\_\_\_\_ Other?

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_  
Any swimming restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ Any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
What restrictions? \_\_\_\_\_

I give permission for my child to participate in the activities of the Calvary Baptist Church of Ypsilanti, Michigan. I understand that every precaution will be taken for my child's health and safety; however, I assume full responsibility for payment of bills in case of illness or accident.

The undersigned parent(s) or guardian(s) of \_\_\_\_\_ give my (our) permission for my (our) child to participate in these activities. Therefore, I (we) provide the following consent for medical treatment, release from liability and indemnification.

1. In the event of an emergency, I (we) authorize the Calvary Baptist Church to administer first aid and to make emergency medical decisions for my (our) child.
2. I (We) release the Calvary Baptist Church- including, but not limited to, its Pastor, Associate Pastor, staff, Deacons, adult sponsors, employees, agents, representatives and assigns - of and from any and all claims, demands, suits, actions or causes of action whatsoever (including, but not limited to, negligence) arising from, relating to, or touching upon my (our) child's participation in these activities and/or any first aid or emergency medical decisions.
3. I (We) indemnify and hold harmless the Calvary Baptist Church - including, but not limited to, its Pastor, Associate Pastor, staff, Deacons, adult sponsors, employees, agents, representatives and assigns - of and from any and all matters released, specifically or by implication, in paragraph 2 and, further, acknowledge and agree that my (our) duty to indemnify and hold harmless includes, but is not limited to, the duty to pay the released parties for the actual attorney's fees, court costs and/or settlements incurred responding to or defending against any and all released matters.

**Parent or guardian's signature** \_\_\_\_\_ **Valid from Sept. 1, 2010 to August 31, 2011**