



CCES PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the information about the _____ event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by **Calvary Chapel Eastside Staff** and its agents during the events and activities. I/We authorize (*unless otherwise noted below*) any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold **Calvary Chapel Eastside**, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Student/Subjects Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Parent /Guardian Signature: _____ **DATE:** _____

Address/City/Zip: _____

(Cell) Phone #: _____ **(Work) Phone #:** _____ **(Home) Phone #:** _____

Health/Med. Ins. Co.: _____ **Policy Number:** _____

Please list on back of this Release Statement any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.

NON-CONSENT FOR EMERGENCY TREATMENT

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness/injury, I wish Calvary Chapel Eastside to take the following actions:

Parent/Guardian Signature: _____ **Date:** _____