

**2015-2016 Calvary Baptist Teen/Children's Ministry
Emergency Contact Sheet & Permission to Ride**

Name of Child: _____

Age & Grade for the 2015/2016 School Year: _____

Name of Parent or Guardian: _____

Complete Address: Street _____

City _____ State ____ PA _____ Zip Code _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Any Known Allergies: _____

Does the Child have any Medical Conditions or taking Medications we should be aware of? Please list or explain below:

If unable to contact **Parent or Guardian** or the **Emergency Contact Person**, does a representative of Calvary Baptist Church have permission to seek medical treatment for your child?

_____ YES

_____ NO

Parent Signature: _____