

T-shirt Size XS S M
 L XL XXL

Health Information

FOR STUDENTS IN GRADES 6-12

STUDENT NAME _____ Birthday ____/____/____ Male Female

Address _____

City _____ State _____ Zip _____

Phone (Cell) _____ Email _____

FATHER'S NAME _____ Email _____

Phone (Home) _____ (Cell) _____ (Work) _____

MOTHER'S NAME _____ Email _____

Phone (Home) _____ (Cell) _____ (Work) _____

Fall '25 School Name _____ Current Grade _____

Student lives with Both Parents Mother Father Shared Custody Other _____

Alternate Emergency Contact _____ Relationship _____

Phone (Home) _____ (Cell) _____ (Work) _____

Medical Insurance Carrier _____ Policy # _____ Group # _____

Carrier Address _____

Name of Insured Person _____ Date of Birth _____

Insured Person's Place of Employment _____

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

HEALTH HISTORY

- My son/daughter has no special health needs, and needs no special medications
- My son/daughter has special health needs and/or needs medication. *(Explain here, list medications below)*

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) _____

Dietary Restrictions/Known Allergies _____

CURRENT MEDICATIONS (PRESCRIPTION, O.T.C., HERBAL SUPPLEMENTS)

Name _____ Dosage _____ Reason for taking _____

Name _____ Dosage _____ Reason for taking _____

Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Any other information you feel the leaders should know in advance about your student _____

Parent(s)/Guardian Signature(s) _____ Date _____

Student Signature _____ Date _____

Activity Participation Agreement

Parent Initials

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in Calvary Student Ministries activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent Initials

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (student's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Parent Initials

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Calvary Church representative to provide the needed emergency treatment to the student prior to his or her admission to a medical facility.

Parent Initials

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Parent Initials

I give my permission to the staff to administer DayQuil or NyQuil as needed.

Parent Initials

Calvary Church is not responsible for the loss or theft of personal belongings.

Parent Initials

Misconduct may result in transportation home from an activity at parents'/guardian's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Parent Initials

I understand and authorize that my child's image may be photographed or filmed and used in Calvary's video presentations, printed publications, and web site.

Student Initials

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders
- No fighting, weapons, fireworks, explosives
- Participation with the group expected
- No boys in girls' sleeping quarters and vice versa
- Swim wear must be appropriate
- Respect property
- No offensive or overly-revealing clothing
- Respect and comply with event schedules
- No lighters permitted
- No alcohol, drugs, vaping, tobacco

Parent Initials

Failure to comply with these expectations could result in your child being sent home at your expense.

My child has permission to attend all church sponsored youth activities as listed in calendars and/or Calvary Church publications. *Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Calvary Church prior to that event.*

Parent(s)/Guardian Signature(s) _____ Date _____

Student Signature _____ Date _____



Calvary Church 651.487.2855 www.calvarychurch.us

ROSEVILLE CAMPUS 2120 Lexington Ave N / Roseville, MN 55113

WHITE BEAR CAMPUS 4604 Greenhaven Dr / White Bear Township, MN 55127