

# PERMISSION FORM (Chestnut Street Baptist Church)

## 2011-2012 school year (Valid 08/01/11 - 07/31/12)

Initial last name
Name _____ last name, first name

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_  
 Zip \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I give my permission for my above-named child to **participate in the ministries of Chestnut Street Baptist Church** (henceforth referred to as **CSBC**). This includes participation in both on-site and off-site activities. Off-site activities include, but are not limited to, meetings, retreats, work trips, mission trips, service projects, parties, and day-trips. I understand that for off-site trips the students may travel in borrowed or rented vans and vehicles.

The undersigned or a member of the immediate family of the undersigned agree to hereby release, and forever discharge CSBC, their officers and directors, their employees, and their agents, and any parties volunteering on behalf of CSBC from all actions, claims, costs, expenses or damages of any kind growing out of or related to the any of the activities or events sponsored by CSBC in which undersigned or a member of the immediate family of the undersigned participates.

In the event of a medical emergency, I give permission for first aid treatment only for my child. I understand that every effort will be made to contact me. If I cannot be reached, I understand that the two (2) people I have named below will be called, and I authorize them to make the necessary medical decisions for the well-being of my child until I can be reached. If, but only if, my child suffers a life-threatening injury and I and my designated emergency people cannot be reached, I authorize **an agent acting on behalf of CSBC** to secure the proper and necessary medical treatment for my child.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Please give the names of TWO (2) people living in other households, their relationship to the child, and their telephone numbers, who can make decisions for you regarding your child if you cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph #: \_\_\_\_\_ Alt Ph: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph #: \_\_\_\_\_ Alt Ph: \_\_\_\_\_

List Child's Allergies / Medical issues: \_\_\_\_\_

List ALL Current Medications: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy # and/or Group #: \_\_\_\_\_ Member Name: \_\_\_\_\_

***\*If there are any changes during the course of the year, contact the leadership of CSBC as soon as possible.***  
**Chestnut Street Baptist Church, 29 Chestnut St, PO Box 833, Camden, ME 04843; (207) 236-2195**

### TO BE SIGNED BY STUDENT / PARTICIPANT:

I, \_\_\_\_\_, as a **student** participating in the **ministries of CSBC** promise to obey the CSBC leadership and the guidelines set forth by them. I recognize that failure to obey the guidelines for any event, trip, or activity may result - at the discretion of the leadership - in me **being sent home at my parent/guardian's expense/responsibility**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_