

Activity: *Nursing Home Ministry*

When: Sunday, November 26, 2017

Where: Brookwood Place - Brethren Care

Time: Sunday Afternoon (Between Services)

Cost: \$ for lunch

Clothing: Please wear Sunday church clothes as this will be a time of ministry.

I acknowledge that the medical information on file for my child/children is up to date and current.

Students Name: _____

Parent Contact #: _____

Activity: _____ *Nursing Home*

Date: _____ *November 26, 2017*

"I give permission for my child to attend the above-named activity, which is sponsored by Calvary Baptist Church. In case of illness or injury I desire that he/she receive emergency medical care, and hereby give my permission for the necessary treatment by activity leaders and/or medical personnel.

In signing this form I free Calvary Baptist Church and its volunteers of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury in connection with participation in the described activity."

Date _____

Signature of Custodial Parent/Guardian

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Signature of Custodial Parent/Guardian

A promotional poster for a Nursing Home Sunday event. The background features a photograph of a brick nursing home building with a central stone archway. The archway has the words "BROOKWOOD PLACE" inscribed on it. The scene is set against a clear blue sky with some light clouds. The text is overlaid in large, bold, white, sans-serif font. A thin white vertical line is positioned on the right side of the image.

**NURSING
HOME
SUNDAY
NOVEMBER 26**

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