

**Activity:** *Nursing Home Ministry  
& Teen Outreach*

**When:** Sunday, September 25, 2016

**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: \_\_\_\_\_ *September 25, 2016*

*"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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