



Calvary Christian School

a ministry of Family Worship Center

P.O. Box 389 Paso Robles, CA 93447 • director@ccspasorobles.com • www.ccspasorobles.com • (805) 239-4809

Parental Consent Form

(A copy of the child's CCS Emergency Health/Medical Release Form must be attached to this form, too.)

Child's Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Where parents may be reached on day of CCS activity:

Mother Area Code/Phone #/Cell # - TODAY

Father Area Code/Phone #/Cell # - TODAY

We/I have designated _____ as the temporary guardian.
(Name of designated individual)

I agree to be responsible for the Student listed above:

Acting Temporary Guardian Date

- 1) We/I authorize the temporary guardian to obtain any emergency medical and/or treatment necessary on behalf of the minor.
- 2) The undersigned shall be liable and agrees to pay all costs/expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- 3) The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the CCS activity.
- 4) The undersigned does also hereby voluntarily waive any claim against CCS & FWC in regard to transportation to the CCS activity for any and all causes which may arise in connection with this activity or any phase or part thereof.
- 5) We/I have informed our/my child of this arrangement with the temporary guardian and have instructed our/my child that he/she must be on his/her best behavior and obey the temporary guardian along with the leaders of CCS.

Mother's Signature Date Father's Signature Date