



A ministry of Crossroads Church
Permission/Medical Release Form

Participant Information:

Name _____ Male/Female _____
Address _____ Grade _____
Allergies _____
Current Medications _____
Medical Insurance _____ Policy# _____
Physician's Name _____
Name of Parent/Guardian _____
Home phone # _____ Work Phone # _____ Cell # _____

The undersigned assumes all risk of injury or harm to the participant associated with participation in the Activity and agrees to release, indemnify, defend and forever discharge CROSSROADS CHURCH and all its staff, employees and agents (collectively Crossroads Church) of and from all liabilities, claims, demands, damages, costs, expenses, actions and causes of action (claims) in respect of death, injury, loss or damage to the participant arising or to arise by reason of or during the participants participation in the activity. I understand if any of this information changes, it is my responsibility to notify Crossroads Church before participation in any event.

Authorization for emergency medical care to minors: The undersigned parent or legal guardian of the above named minor, hereby authorizes CROSSROADS CHURCH, or its agents to consent to or permit any duly licensed physician or dentist to prescribe any X-ray, examination, anesthetic, medical or general or special supervision or advise of any or several physician(s), surgeon(s), or dentist(s) under the laws of any state, whether such diagnosis or treatment is rendered at the office of the physician, surgeon, or dentist, or at a hospital licensed by the state.

Signature of Parent or Guardian _____ Date _____
Relationship to Minor _____

Person to contact in case of emergency (if we are unable to reach parent):

Name _____ Phone # _____
Relationship _____

NOTE: Each student should have this form on file to participate in any overnight event/trip with Crossroads Church. This form is valid for **3 years** upon which time it must be updated. The parent is responsible to communicate any information changed during such time.



PERMISSION FORM

I, _____ (parent) give permission for my student _____ (student) to attend the _____ (event) on this date: _____ and permit them to be in the care of Crossroads Staff/Volunteers for the duration of the event. My signature displays my understanding of the events times, rules, and regulations.

SPECIAL INSTRUCTION/INFORMATION:

Signature of Parent/Guardian: _____ **Date** _____

Relationship to Minor _____

If you have any questions, contact Pastor Tony @ (217)714-2894