Crossing Student Ministries
Medical Release

Student's Name _____ Phone _____

Address/ City/ State/ Zip _____

Date of Birth _____ Sex: Male ◯ Female ◯

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for said child to attend and participate in the events and activities of *Crossing Student Ministries*, both on and off church grounds, including the necessary transportation to and from these events and activities.

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold CrossWay Church or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless CrossWay Church for all claims made and liabilities assessed against them as a result of any event or activity. I release CrossWay Church and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick up my child and assume the cost of transportation.

By signing below, I am acknowledging that I have read and understand the above statements.

_____ _____

Signature of Parent or Guardian Date

In Case of Emergency, Please Contact:

1. Name _____ Phone _____

Relationship to Teen _____

2. Name _____ Phone _____

Relationship to Teen _____

Medical Information

Physician _____ Phone _____

Medical Insurance Company _____ Policy # _____

Allergies / Meds _____

Other _____