



Crossroads Church 2008
Student Ministries Medical Release & Consent Form

Please print clearly in ink

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ (for all events in 2008 if you like)

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_
LAST FIRST MIDDLE Birthday

Year in school \_\_\_\_\_ Male Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is needed. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. Health Concerns:

- asthma, allergies, epilepsy / seizure disorder, physical handicap, heart trouble, frequently upset stomach, diabetes, other

If any of the above concerns were checked, please explain:

\_\_\_\_\_

2. Are your child's immunizations up to date? yes no Date of last Tetanus \_\_\_/\_\_\_/\_\_\_

3. Please list and explain any major illnesses the child experienced during the last year and/or any medications they are using and why:

\_\_\_\_\_

4. Should this child's activities be restricted for any reason?

\_\_\_\_\_



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**Media Recording Release**

I grant or deny permission to Crossroads Church to use the image of my child as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Crossroads Student Impact (C.S.I.), the Student Ministries of Crossroads Church, Web site. The child's last name will not be used in conjunction with any video or digital images.

I deny permission to use my child's image.     I grant permission to use my child's image.

**For your information and discussion, we expect each student to follow these rules of conduct**

- Be present and participate with the group activities and events
- Respect property – help clean up after themselves and others
- Respect other students, staff, adult leaders and volunteers
- Respect and comply with event schedules
- Possession or use of alcohol, drugs, or tobacco is not allowed
- Students will not drive for student ministries sponsored events unless special permission is granted
- No fighting, weapons, fireworks, lighters, or explosives
- Don't wear clothes that are offensive or immodest
- No guys in girls' rooms or sleeping quarters and no girls in guys' rooms or sleeping quarters

**Students who choose not to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, dodge ball, rollerblading, games in the park, soccer, broomball, ice skating, snow or water tubing, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides and/or amusement park rides. *Note: If you desire to limit your child's participation in any event, please inform the Pastor of Student Ministries in writing prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT

sponsored by Crossroads Church (hereinafter the "Church")

from \_\_\_\_\_ to \_\_\_\_\_. (for all events in 2008 if you like)  
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff and adult volunteers of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in many ministry or athletic events, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to



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hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_