

# PARENT / GUARDIAN PERMISSION / Medical Release

## Student Information

First & Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gender     M     F

Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Parent / Guardian Permission & Medical Release

I (we), the undersigned parent (s), or legal guardians of minor shown above, give my (our) permission for him/her to attend the event indicated hereon with the staff and volunteers of Crossroads Christian Church. I am allowing the adults on the trip to transport, supervise and direct my child, as they deem necessary for his/her welfare.

I (we) will notify the church in writing if I feel there are any health considerations that would prevent my child's participation in any church activity. I also give permission for the church leaders to restrict my child's participation in any activity if they should doubt my child's ability or safety while participating. In consideration of the benefits derived from the aforesaid outing, I (we) hereby voluntarily waive any claim against Crossroads Christian Church, Corona. I (we) also hereby release and discharge Crossroads Christian Church, its representatives, successors, and assigns, from all rights, claims, and actions of every kind which such minor may have against such released party arising out of this event. We further release Crossroads Christian Church from, and fully wave, any rights we may have for any reimbursement for medical and other expenses incurred because of any injury to said minor.

I (we) hereby authorize and consent to any medical examination and/or treatment deemed necessary under the general or special supervision of any member of a professional medical and/or emergency room staff. It is understood that this authorization is given in advance to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact me (us) prior to rendering treatment to the patient, but that said treatment will not be withheld if I (we) cannot be reached. In this case, I (we) authorize the church to hire a doctor or health-care professional to provide necessary medical services, and agree in advance to pay for any expenses incurred in this treatment. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

I (we) also give our consent to Crossroads Christian Church to photograph said minor, and, without limitation, to use such pictures and/or stories in connection with any work of Crossroads Christian Church and hereby release Crossroads Christian Church from any claims whatsoever which may arise with regard thereto.

I (we) also understand that there will be absolutely no toleration for subversive disobedience to supervising adults, the possession or use of illegal drugs, alcohol, weapons, or any other illegal substance or object, and that **FAILURE TO FOLLOW POLICIES MAY BE CAUSE FOR STUDENT TO BE SENT HOME AT OWN EXPENSE.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Day Telephone    ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Telephone    ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Telephone    ( \_\_\_\_\_ ) \_\_\_\_\_

### Medical Insurance Information

Please list known allergies: \_\_\_\_\_

Please list any other special care needs: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance 24-Hour Phone ( \_\_\_\_\_ ) \_\_\_\_\_