

Crossroads Community Church | Student Ministry
Medical Authorization and Release Form

Name: _____ Date of Birth: _____ Age _____ Gender _____

Address: _____ Grade for School Year 2008-2009 _____

City: _____ State: _____ Zip: _____

Parent's or Guardian's Names: _____

Work Phone (Dad) _____ (Mom) _____

Cell Phone (Dad) _____ (Mom) _____

Family Physician _____ Phone Number _____

Family Insurance Company _____ Policy Number _____

Immunizations Tetanus Polio Booster Measles Mumps

In the event of an emergency, please give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. *You **MUST** complete this information.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



Past Medical History

(Check giving appropriate information)

- Sinusitis Kidney Trouble Bronchitis Heart Trouble Diabetes
 Dizziness Stomach Upset Hay Fever Allergies Asthma

Allergies

(list type) Food _____ Drugs _____

Insect Stings | Bites _____

Previous operations or serious illnesses _____

Any current medications (list) _____

Special dietary needs _____

Childhood Diseases Chicken Pox Measles Mumps Whooping Cough

Other _____

Swimming My child is a good swimmer My child is a fair swimmer My child is a non-swimmer

Other instructions we should know about your child _____



Permission and Release

My permission is granted for the staff members or the designated/approved church representatives of Crossroads Community Church, Yorktown, VA to obtain necessary medical attention in case of sickness or injury to my child, _____.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Crossroads Community Church, and its staff/representatives, from any and all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury while employed by or participating in the Youth Ministry events.

I further grant permission for my child to accompany Crossroads Community Church on approved trips of the church and to ride in approved vehicles with church approved drivers.

The rights, powers and authority of said representatives to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me in writing.

Pictures or video footage taken at Youth Ministry events are for the sole purpose of promotion. I understand that my son\daughter's picture may be used on our website or publications to promote Student Ministry events.

I have supplied, understood and agree to all the information contained on this Medical Authorization and Release Form.

Dated this _____ day of _____, 2009. Signature _____

Sworn and subscribed to before me, the undersigned Notary Public.

Dated this _____ day of _____, 2009. State of _____ County of _____

Signature _____, Notary Public. My commission expires: _____