

Release Form



Student's Name: _____
Address: _____ City: _____ Zip: _____
Student's Birth Date: _____

Parents: _____
Cell Phone (s): _____

Notify if parents can't be reached:
Name _____ Cell Phone _____
Drug or Food Allergies: _____

Other pertinent information:
Family Physician: _____ Phone _____

Insurance Company: _____
Policy #: _____ Group #: _____

Permission to Transport and Participate

I give permission for my child to participate in The Crossroads Student Ministry activities either at or away from the church locale. The church will provide transportation when doing so is the most feasible option. I understand that when private vehicles are used in conjunction with a student ministry activity, **all drivers will be 21 years of age or older, properly licensed and insured**, unless I have given specific consent for my child to be transported by a younger driver. I agree to absolve the church of any responsibility for events or circumstances related to the use of private vehicles to, from, or during such activities.

Consent for Medical Treatment

Should I not be able to be reached by phone, I give my consent for medical attention to be administered to my child, as determined by a qualified physician, while under the care and custody of The Crossroads Student Ministry.

Parent or Guardian Signature

_____ Date _____