

Crossroads Student Ministry 2018-2019

Parent Consent Form

Effective Dates: August 1, 2018 — August 31, 2019

STUDENT INFORMATION

Student's Name _____ Grade _____ DOB _____ Male/Female
Nickname _____ School: _____
Primary Address: _____
Secondary Address: _____
Student's Email _____
Student's Home Phone _____ Student's Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Mother's Name _____ Cell# _____ Other# _____
Email: _____
Father's Name _____ Cell# _____ Other# _____
Email: _____

OTHER EMERGENCY CONTACT

Name _____ # _____ Relationship _____
Name _____ # _____ Relationship _____

STUDENT MEDICAL INFORMATION

INSURANCE INFORMATION

Medical Insurance Company: _____ Provider/Claim Phone #: _____
Policy/Group ID#: _____
Policy Holder's Name (please print): _____

ALLERGIES/OTHER SENSITIVITIES:

List allergies and other sensitivities: _____

MEDICATION:

List all medications the student will take during any Student ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any student under the age of 18 is required to give **ALL MEDICATIONS to the adult leader in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____

PARENTAL CONSENT

The undersigned does hereby give permission for _____(student’s name), to attend and participate in any Crossroads Church student ministry activities, events and retreats during the period of August 1, 2018 – August 31, 2019.

LIABILITY RELEASE: In consideration of Crossroads Church allowing the Student to participate in student ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips etc.) I, the undersigned, do hereby release, forever discharge and agree to hold harmless Crossroads Church, its pastors, directors, employees, volunteers and teachers (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Student while involved in the student activities. I, the parent or legal guardian of this Student, hereby grant my permission for the Student to participate fully in student ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Student, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Student, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student pursuant to this authorization.

PHOTO RELEASE: (Please initial)

___ I agree that Crossroads Church may photograph and record my child’s likeness and activities during church- related activities.

___ I do not agree that Crossroads Church may photograph and record my child’s likeness and activities during church- related activities.

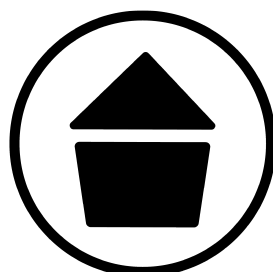
TRANSPORTATION TO AND FROM EVENTS OFF CHURCH PREMISES: (Please initial)

___ I agree to allow Crossroads Church permission to be transported by Crossroads Church Representatives to and from church and church activities at various locations.

___ I do not agree to allow Crossroads Church permission to be transported by Crossroads Church representatives to and from church activities at various locations.

Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____



Crossroads
Church