

CROSSROADS COMMUNITY CHURCH INSURANCE PERMISSION FORM

Student Name: _____ Age: _____
Grade: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Parents/Guardians Names: _____ Insurance
Provider: _____ Policy #: _____ Group
#: _____ Emergency Contact:
_____ Relationship: _____ Phone
#: _____

Personal Medical Authorization/Release Please list any physical limitations/allergies:

_____ Please list all medication taken regularly (including any medication brought to camp) and any reactions to medications:

Please advise of any serious injury/operation in the last five years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Emergency Authorization - I hereby give permission to medical personnel selected by the participant s Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions. Parent/Guardian

Signature

: _____

Date: _____