

Special Event Off Campus Waiver

Medical Release & Permission Form

2011-12

(Please Write Legibly)

Name: _____

Address: _____

City/Zip: _____ Phone: _____

(circle) Male or Female Birth Date: _____

School: _____ Age: _____

Parents/Guardians: _____

I give permission for my above named child to leave Crossings Community Church campus with CCC Adult Leaders and staff for Special Event activities.

I understand the group will be traveling in adult leader vehicles.

I hereby release Crossings Community Church, their staff and volunteers from liability for any injury or illness that my child might sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, to act as an agent for me, to consent to an x-ray examination; medical, dental or surgical treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital.

I also acknowledge that all financial debts incurred are my responsibility and not that of CCC, their staff, or volunteers.

Medical allergies: _____

Signature of Parent or Legal Guardian

Date

Home Phone

Mobile # / Pager #

Other #

Date of Last Tetanus

Insurance Name/Provider

Insurance ID #

Insurance Policy #

Insurance Group #

**Parents. . . if you have any questions,
Please call the Student Ministries office at 755-2227.**