Wednesday Night
Off Campus Waiver

Medical Release / Permission Form 2011-12

(Please Write Legibly)

Name:_____

Address:_____

City:_____ Zip:_____

(circle) Male or Female Phone: _____

Birth Date: _____Age: _____

Grade:_____ School:_____

Small Group Leaders:_____

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