

Crosspoint Community Church Medical Release & Permission Form

Effective dates: _____ to _____

Please print in ink

Name _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in School _____ Male Female E-mail _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Medical Insurance Company _____ Policy # _____

Mother's Name _____ Contact Phone _____ c/w/hm?

Father's Name _____ Contact Phone _____ c/w/hm?

Emergency Contact _____ Contact Phone _____ c/w/hm?

Physician _____ Phone _____

Dentist _____ Phone _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, disability, or condition to which you child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach to this form. Include names of medications and dosages that must be taken.

Circle the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to:

Pollen Medications Food Insect Bites

If you circled any of the above please specify details and actions to be taken: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma Epilepsy/seizure disorder Heart trouble Diabetes
Frequent upset stomach Physical limitations

If you circled any of the above please specify details and actions to be taken: _____

3. Date of last tetanus shot: _____

4. Does your child wear: glasses contact lenses

5. Should this child's activities be restricted for any reason? Please explain: _____

6. Please list and explain any major illnesses the child experienced during the last year: _____

Additional Comments: _____

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with group is expected
- Respect property
- Respect one another, staff, and leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense and inconvenience.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in the activities for the date of or beginning with ____ / ____ / _____. I agree to abide by the stated personal limitation and code of conduct.

Student Signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Crosspoint Community Church, its volunteers and staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have give our consent for him/her to attend events being organized by Crosspoint Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Crosspoint Community Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Crosspoint Community Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we agree to bring my/our child home at my/our expense and inconvenience should they become ill or if deemed necessary by the student ministries staff member.

Parent(s) / Guardian(s) Signature(s): _____ Date: _____