



Crossroads Baptist Church Youth

Permission Slip and Release Form for Minors

I (Parent or Guardian), *(please print name)* _____ give permission for *(please print minors name)* _____ to participate in events held at Crossroads Baptist Church and trips taken with Crossroads Baptist Church. With my signature on this page, I understand that Crossroads Baptist Church, Chaperones, or Supervising Adults will be held harmless from all liability associated with the events held by Crossroads Baptist Church and trips taken with Crossroads Baptist Church. I hereby give my permission for my child to participate in events and trips associated with Crossroads Baptist Church for the **2017 Calendar Year**. I also give permission for Crossroads Baptist Church, Chaperones, or Supervising Adults to administer/perform medical care and admit my child to hospital care in emergency situations where care is needed (as perceived by Crossroads Baptist Church, Chaperones, and/or Supervising Adults). I agree that the Youth/Student (child and/or minor) listed above can be transported by those that Crossroads Baptist Church allow to chaperone and act as drivers for events held by Crossroads Baptist Church or its ministries held in the **2017 Calendar Year**. I agree to let my youth/student (child and/or minor) listed above to be photographed and/or filmed during the **2017 Calendar Year** at events and trips held by Crossroads Baptist Church and I agree to allow photo and/or videos to be used on websites or in any sort of promotional materials that would be used at a later date. I understand that it is my responsibility to keep Crossroads Baptist Church up to date on medical related information for the above listed youth (child and/or minor) and to the best of my knowledge have provided accurate information on the attached Medical Information Form along with a valid medical insurance card. If any information changes with the medical insurance or medical information provided (attached) I will notify Crossroads Baptist Church by providing a new Medical Information Form to update the records. I agree to provide a viable means of transportation back to the parent or guardian in the event that my youth (Child and/or minor) has failed to uphold the rules of Crossroads Baptist Church, Chaperones, or Supervising Adults when deemed necessary by the event or trip leader prior to the end of the event or trip.

Signature *(Parent or Guardian)*: _____ Date: ____ / ____ / ____

Effective Entire 2017 Calendar Year

Please complete the page on the opposite side



Crossroads Baptist Church Youth

Medical and Personal Information

General Information for Student:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Student): (_____) _____ - _____

Phone (Parent/Guardian): (_____) _____ - _____

Emergency Information:

In case of emergency, notify:

1. Name: _____ Relationship: _____

Phone: (_____) _____ - _____

2. Name: _____ Relationship: _____

Phone: (_____) _____ - _____

Medical Information:

Medicines currently taking: _____

Allergies (Including Medicines): _____

Name of Health Insurance Company: _____

Policy #: _____

Name of Person Responsible for Payment: _____

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature (Parent or Guardian): _____ Date: ____ / ____ / ____