

## PERMISSION FOR PARTICIPATION WAIVER AND RELEASE

Date: \_\_\_\_\_

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female

Phone: (\_\_\_\_) \_\_\_\_\_ Birthday (M/D/Y) \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (c) \_\_\_\_\_

Phone (h) \_\_\_\_\_

### Medical Information

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

we do not vaccinate

Present or history of:

YES  NO Allergies? If yes, list and describe reaction & desired treatment \_\_\_\_\_

YES  NO Asthma- If you have an Asthma Action Plan, please attach copy and keep with medications.

YES  NO Diabetes- Please indicate  insulin or  diet managed

YES  NO Convulsions/Seizure activity- if yes, date of last incident: \_\_\_\_\_

YES  NO Fainting Spells- if yes, date of last incident: \_\_\_\_\_

YES  NO Heart Trouble- if yes and use medication, list here: \_\_\_\_\_

YES  NO Other- \_\_\_\_\_

YES  NO Mental Health Diagnosis- please describe diagnosis and list medications \_\_\_\_\_

List other prescription medications, dosages and what they are used for \_\_\_\_\_

YES  NO Is there any reason why you might have reservations concerning your child's participation on a trip, please explain to assist us in making best decisions for your child \_\_\_\_\_

## Insurance

Insurance Company: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_

Birthday (M/D/Y) of Card Holder: \_\_\_\_\_ Prescription Coverage?  YES  NO

Those in charge will take every possible safety precaution and every possible attempt will be made to contact the parent(s) or guardian(s) immediately in the event of an injury or other emergency. This form will be kept on file for one year. If any of the information changes during the year, please notify us of the changes.

## Statements of Permission, Waiver and Release

**I hereby give my permission** (if applicant is a minor) for the applicant to participate in student activities and events officially sponsored by Crossroads Bible Church, including transportation.

**If emergency medical procedures or treatments are necessary** while under the care of Crossroads Bible Church and/or its representatives, I hereby give my consent for said treatment and agree to be responsible for said treatment as deemed necessary by a licensed physician. I further agree to hold the treating physician, the medical facility, Crossroads Bible Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorized and/or provision of said medical treatment.

**Waiver and release of liability.** In consideration of the minor's participation, I hereby release Crossroads Bible Church and its representatives from any liability due to accident or injury in the normal course of Crossroads student events. I HAVE READ AND VOLUNTARILY SIGNED THIS WAIVER AND RELEASE OF LIABILITY AND PERMISSION FORM.

**I verify that the applicant is in good health and is capable of participating in strenuous activities,** and when necessary, will tailor activities to those within the bounds of applicant's physical health. The applicant also agrees they will cooperate with leaders and other staff, and applicant's behavior will be honoring to God.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

By checking this box, I verify that the name typed/written above represents my true identity.

*Once completed, please mail to Lauren at the address below, or drop it off at the office.*