

Student Medical and Permission Form

(please fill out information below for each student in your family)

| Student Name | Grade | Emergency Contact | Emergency Contact # |
|--------------|-------|-------------------|---------------------|
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Medical Information

Are there any relevant medical conditions or allergies for a health care professional to know in the event of a injury or illness? Y or N

If yes, please list: _____

Does your child take any medications regularly? Y or N

If yes, please list: _____

Family Physician _____

Physician's Phone _____

Medical Insurance Carrier _____

Policy/Group # _____

In the event an emergency arises, necessitating medical or surgical attentions, I hereby consent and give permission to Crossbridge Church or its representatives, the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon the above named which may in their sole discretion be necessary and proper under the circumstances.

I so release, acquit, and forever discharge Crossbridge Church, their personnel, sponsors, and any parties volunteering on behalf of the church from any and all actions, claims, damages, liabilities, costs, or expenses of any kind growing out of or relating to ALL STUDENT ACTIVITIES. I acknowledge that this is a full and complete release for all injuries and damages which the above named may sustain as a result of participating in the daily activities and/or outings.

The above statements are true to the best of my knowledge. I grant Crossbridge Church and its representatives the right to reprimand my child within reason and understand that if he/she continues to disrupt he/she might forfeit participation in the event and may be sent home at my expense.

Signature of parent/guardian _____ Date _____

Printed parent/guardian name _____ Contact # _____