

CrossRoads Church
Activity and Healthcare Consent for Minors

A Parent or Legal Guardian of a minor child must complete and submit this consent form prior to the child's participation in the specified activity. This information is for the safety of the child, and he/she will not be allowed to attend/participate without this permission.

Child's Full Name: _____
Date of Birth: _____ School Grade: _____
Physician: _____ Child's Social Security #: _____
Preferred Local Hospital: _____
Insurance: _____ Policy #: _____
Known Health Problems: _____ Allergies: _____
Special Nutritional Needs: _____
Daily Medications & Dosage: _____
Does Child occasionally sleep walk? Yes No
Swimming Skill Level: Advanced Intermediate Beginner None
Please Identify any handicaps/illnesses which would prevent your child from participating in rigorous activity: _____

Names of Parents or Legal Guardians: _____
Address: _____
Home Phone: _____ Cell Phones: _____
Work Numbers: _____
Additional Emergency Contact: _____
Relationship: _____ Phone: _____

Activity: _____
Location: _____
Department: _____
Group Leader: _____
Day(s) / Date(s): _____
Begin Time: _____ End Time: _____
Transportation: _____

"I do hereby consent to the participation of my child in the above named activity. I am aware that photography and/or video recording may occur during this event."

"I understand that I will be notified of any health care emergency involving my child. In the event that I cannot be reached, I authorize the necessary care provided by qualified health care providers. I understand that I will be responsible for all expenses incurred during such care. I release CrossRoads Church from any liability. I understand that the adult chaperone of any activity holds the right and responsibility to restrict the child from any activity he/she feels would be unsafe for the child."

(Signature of Parent/Guardian)

(Date)