

Crosstown Church of Christ Student and Family Ministry Medical Release Form

TO THE PARENT: We do not anticipate any problems, but no minor may be treated by a physician without parent authorization. Naturally you will be called immediately if we do have any problems, but there is always the possibility that promptness in treatment may be necessary. This is not said to alarm you, but make you aware that your child will be protected in every way possible.

Every possible precaution will be taken by Crosstown Church of Christ to insure good health and to prevent accidents. However, in the event of sickness or accident, Crosstown Church will make every effort to contact parents. I hereby give Crosstown Church of Christ staff consent to seek administer emergency medical treatment for my child listed above. Furthermore, I hereby release Crosstown Church of Christ, it's staff or volunteers from any cause of action I may have arising during activities during scheduled during January 1, 2019 to December 31, 2019. I hereby give permission from my child to be transported by vehicles to scheduled activities. I give permission for my child's picture to be taken and used by Crosstown for promotional purposes. I understand that names will not be associated with pictures posted on websites or brochures.

\_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN                      PRINTED NAME OF PARENT/GUARDIAN

Parent/Guardian's Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Person to Contact in Case of Emergency \_\_\_\_\_ (Relationship) \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Any allergies, medications, or other important information?  
\_\_\_\_\_

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_