



Consent/Release/Medical Authorization Agreement Form

CrossWay Community Church Student Ministry

PARTICIPANT'S INFORMATION:

Student's name: _____ Age: _____
Address: _____ Birthdate: ____/____/____
City: _____ State: _____ Zip: _____ Grade (if btwn grades round up): ____
School Attending: _____ Home Phone: _____
Email: _____ Cell phone: _____

PARENT CONTACT INFORMATION:

Parent/Guardian Name(s): _____
Address (if different from participant): _____
Home Phone: _____ Work Phone: _____ Cell: _____
(Second Parent): Work Phone: _____ Cell: _____
Email: _____

ALTERNATE CONTACT PERSON:

Name(s): _____ Relationship to family: _____
Home Phone: _____ Work Phone: _____ Cell: _____

INSURANCE INFORMATION:

Do you have health insurance? _____ Yes _____ No
Name of Insurance Company: _____
Policy Number: _____ Group #: _____
In whose name is the insurance? _____
Family Doctor: _____ Phone #: _____
City: _____ State: _____ Zip: _____

If the participant should require medical attention for injuries received or illness contracted prior to the activity, please provide the necessary information to give him/her proper medical care during the activity.

(CONTINUED ON REVERSE SIDE)

HEALTH HISTORY:

Does participant have any allergies (please list)? _____

Check if any of the following apply, and detail in space at right:

| | | |
|---|---|-------|
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Insect Sting Allergies | _____ |
| <input type="checkbox"/> Any handicap | <input type="checkbox"/> Frequent stomach upset | _____ |
| <input type="checkbox"/> Regular migraines | <input type="checkbox"/> Heart condition | _____ |
| <input type="checkbox"/> Epilepsy or nervous disorder | <input type="checkbox"/> Other | _____ |

Name and dosage of any medications being taken: _____

Any preexisting or present medical conditions: _____

Date of last tetanus shot: _____ Contact lenses? Yes No

Any activity restrictions: _____

Swimming ability: _____ Normal or better _____ Below average _____ Non-swimmer

If the need arises, do we have permission to administer the following to your student?

(check all that you consent to): Ibuprofen Tylenol Benadryl Antacid

PARENT/GUARDIAN'S CONSENT AND AGREEMENT

Permission to Participate in CrossWay Community Church Activities: As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by CrossWay Community Church for one year from signed date.

Assumption of Risk: I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of CrossWay Community Church, or other harm that may occur to my child. I assume the risk associated with such activities and release CrossWay Community Church of any liability for such.

Dispute Resolution Agreement: CrossWay Community Church believes that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, any dispute arising from or related to allegations by or against workers, employees, volunteers, church members or their families, will be submitted to biblically based conciliation in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries. That forum provides the best opportunity for resolving issues in a fair manner while seeking to preserve or restore the relationships fractured by the dispute. (A complete text of the Rules is available at <http://www.peacemaker.net/site/c.aqKFLTOBlpH/b.1172255/apps/s/content.asp?ct=1245327>)

In Case of a Medical Emergency: It is my understanding that a church representative will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church representative to hire a doctor or other health-care professional, to transport to a medical facility or call 911, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons. **Please photocopy front and back of the Health Insurance Card and staple to this form.**

Signature of Parent or Legal Guardian: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

PARTICIPANT'S AGREEMENT:

I likewise agree with the assumption of risk and dispute resolution agreement described above.

Participant Signature: _____ Date: _____