

Crosswater Community Church - Waiver and Medical Release 2022

Student Name: _____ Date: _____
(First) (Last)

Parents Name: _____

Number: _____

Medical Insurance Provider & Policy #: _____

Child's Doctor's Name & Number: _____

Are there any medications we need to be aware of? Yes / No

Allergies and/or dietary restrictions?
No / Yes

If yes, please list any important details we need to know:

Emergency Contact:

(Name) (Relationship) (Number)

Release

I, the parent or guardian, hereby gives approval for my child(ren) to attend the events of Crosswater Student Ministry. I relieve Crosswater Community Church and all affiliated staff from any and all liability for sickness, accidents, or injuries while attending or being transported to/from activities. In the event of an emergency and I cannot be contacted I give my consent to the youth leaders to authorize medical help on site or at an appropriate medical facility. I give permission to Crosswater Community Student Ministries to use pictures / video of my child for the purposes of promoting the event experience.

Parent or Legal Guardian (Please print name)

Signature of Parent or Legal Guardian

(Date)