

PARENT/GUARDIAN CONSENT – MEDICAL RELEASE FORM

Name of Participant: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____ Phone: _____

MEDICAL AND INSURANCE INFORMATION:

Insurance Company: _____ Policy #: _____

Physician: _____ Phone: _____

Check applicable box and give appropriate information below

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Insects _____ | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Medicines _____ | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Immunizations: |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tetanus: Date received _____ |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Typhoid: Date received _____ |

List any prescription drugs the student will be taking while on trip; state frequency and dosage for each.

Emergency Contact other than parent/guardian: _____ Phone: _____

Relationship to Student _____

PERMISSION:

I, _____ (parent/guardian), hereby give permission for _____ (student) to travel with, and participate in, CrossPointe Church's summer youth camp in South Padre Island, July 26 – 30, 2008.

- I do hereby verify that the information below is correct and grant permission for the Church to obtain medical attention in case of sickness or injury to my student.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the Church for the welfare of my student until you are able to reach me personally.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the Church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating in activities or traveling to and from activities with the Church.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. In case of the injury to my student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.
- I agree to provide medical insurance for my student.

Signature of Parent/Guardian: _____ Date: _____, 20____

NOTARY

On this day _____ (parent/guardian) personally appeared before me in _____ County, in the state of Texas, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____, 200____.

Notary Public Signature: _____