

CrossPoint Baptist Church
605 Forrester Parkway Leesburg, Georgia 31763

CrossPoint Baptist Church Student Ministries Participation & Medical Release Form
(For all activities sponsored by CrossPoint Baptist Church from January 1, 2008 – December 31, 2008)

Please Print and Write Legibly

Student's Full Name: _____
Father's Name: _____ Mother's Name: _____
Home Phone #: _____ Cell Phone #: _____
Work Phone #: _____
Street Address: _____
City: _____ Zip Code: _____
Date of Birth: _____ Soc. Sec. #: _____

In case the Parent or Legal Guardian cannot be reached

Emergency Contact Person: _____
Relationship to Student: _____
Home Phone #: _____ Cell Phone #: _____
Work Phone #: _____

Name of Health Insurance Company: _____
Health Insurance Policy #: _____

Please list any medical conditions or allergies: _____

Please Read

I understand that, in the event medical treatment is required, every reasonable effort will be taken to contact me. However, if I cannot be reached, I give my permission to CrossPoint Baptist Church or an adult sponsor to secure services of a licensed physician to provide the necessary care, including anesthesia, for my child's well being.

I authorize an adult sponsor of CrossPoint Baptist Church to administer Tylenol or Ibuprofen should the need arise. _____ Parent or Legal Guardian's Initials

I, the parent or legal guardian of the child listed above, release CrossPoint Baptist Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in a church sponsored activity.

I, also, release CrossPoint Baptist Church, together with the adults in charge, from any and all financial liability resulting in damages caused by my child while participating in any church sponsored activity. I, the parent or legal guardian of the child listed above, take full financial responsibility for the actions of my child.

By signing, you the parent or legal guardian, understand fully and agree with completely the statements above.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Signed: _____ Date: _____
(Parent or Legal Guardian)