

Medical Release/Permission Form - Student  
Crossroads Baptist Church - One80 Student Ministry  
130 Conway Black Road Spartanburg, SC 29307

Year: 2018

All Sections Must Be Completed

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian) \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The undersigned, as parent or guardian of the person listed above, hereby authorize any staff member and/or adult chaperone who may be supervising or directing any activity sponsored by Crossroads Baptist Church, Spartanburg, SC, to authorize emergency medical treatment of the person listed above while this person is participating in any trip or activity sponsored by Crossroads Baptist Church, Spartanburg, SC.

Furthermore, I release Crossroads Baptist Church, its staff, employees, and sponsors from any liability for personal injury, damage, or loss that the above named person may sustain while participating in any activity sponsored by Crossroads Baptist Church, Spartanburg, SC.

If any Crossroads Baptist Church staff sponsor deems it necessary for me to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all costs associated with such a return trip.

Crossroads has my permission to use any image of my student made with others while participating in an activity or any written/recorded material that he/she may write/record about an activity for promotional purposes.

Crossroads does NOT have my permission to use any image of my student made with others while participating in an activity or any written/recorded material that he/she may write/record about an activity for promotional purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness (Adult) \_\_\_\_\_ Date \_\_\_\_\_

**Notary Information**

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_ County, South Carolina

Notary Stamp:

My commission expires \_\_\_\_\_

(PLEASE COMPLETE BACK OF FORM)

# Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical Release Form is valid **January 1, 2018 to December 31, 2018** and is for all Crossroads Baptist Church sponsored activities. If any of the information you have provided should change during these dates, please complete a new form and return it to the church office.

Name of Insured/Policy Holder \_\_\_\_\_

Occupation \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

List and explain any medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications:

Name of Medication	Dosage	Frequency	Reason for taking

Please list any allergies (food or medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_