

Medical Release/Liability and Travel Consent Form

Name of Participant: _____ Age: _____ DOB: ____-____-____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Cell: () _____ - _____

School: _____ Grade: _____

Family Physician: _____ Phone: () _____ - _____

Allergies or other important information: _____

Insurance Company: _____

Participant: _____ Policy #: _____ Group #: _____

The undersigned hereby gives permission for our (my) child, named above, to attend and participate in the activities sponsored by Cross Roads Church, and hereby agrees to hold harmless Cross Roads Church, it's staff and sponsors, in the event of an injury or accident. This agreement shall be in effect for the school year and summer of September 1st 2009 to August 31st 2010. The undersigned does also hereby give permission for the aforementioned minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in any activities of Cross Roads Church through the school year 2010.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care deemed necessary, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or health care provider licensed under the provisions of the medical practice act, or on the medical staff of a licensed hospital, whether such diagnosis is rendered at the office of said provider or at a hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization. Should it be necessary for the aforementioned minor to be returned home due to medical reasons or reasons of misconduct, the undersigned shall assume all transportation costs.

Print Name: _____ Relationship: _____

Guardian's Signature: _____ Date: ____ - ____ - ____



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