

# Wednesday Night Off Campus Waiver

Medical Release / Permission Form 2009-10

(Please Write Legibly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

(circle) Male or Female Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Small Group Leaders: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

*I give permission for my above named child to leave Crossings Community Church campus with CCC Adult Leaders and staff for Small Group activities.*

***I understand the group will be traveling in adult leader vehicles.***

*I hereby release Crossings Community Church, their staff and volunteers from liability for any injury or illness that my child might sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, to act as an agent for me, to consent to an x-ray examination; medical, dental or surgical treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital.*

*I also acknowledge that all financial debts incurred are my responsibility and not that of CCC, their staff, or volunteers.*

Medical allergies: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Mobile # / Pager #

\_\_\_\_\_  
Other #

\_\_\_\_\_  
Date of Last Tetanus

\_\_\_\_\_  
Insurance Name/Provider

\_\_\_\_\_  
Insurance ID #

\_\_\_\_\_  
Insurance Policy #

\_\_\_\_\_  
Insurance Group #

**Parents. . . if you have any questions,  
Please call the Student Ministries office at 755-2227.**