

CSM
2009 CROSSROADS BAPTIST CHURCH MEDICAL RELEASE

(Please Print) _____ Today's Date _____
Name _____ Grade _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Parent's Email _____
D.O.B. _____ Age _____ Male _____ Female _____

EMERGENCY CONTACT INFORMATION

Father's name _____ Cell Phone _____
Mother's name _____ Cell Phone _____

Alternate Contact Person (Someone near the primary contact)

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home Number _____
Work Number _____ Cell _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you or your child is at the activity.

Do you have health insurance _____ Yes _____ No _____
Name of Insurance Company _____
Policy Number _____ Group Number _____
In Whose Name is the Insurance _____
Family Doctor _____ City _____
Phone Number _____ (Opt.) SS# _____

If you or your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give proper medical care during the ministry activity.

Health History

Pre-existing or present medical conditions _____
Name and Dosage of any medication that must be taken _____
Any allergies? _____ To medications _____
Year of last Tetanus Shot _____ Contact Lenses _____
Any swimming or activity restrictions? _____ Yes _____ No _____
If so, What? _____

(Please turn to back for **signature** needed for Medical & Liability Release Statement)

MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery as deemed necessary.

I understand that my insurance coverage will be used, as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by **Crossroads Baptist Church** and its volunteers during its activity. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **Crossroads Baptist Church** and its leaders, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by **Crossroads Baptist Church**. I understand that these materials are being used for the promotion of the ministry of **Crossroads Baptist Church**, which includes recruitment and fund-raising efforts.

I release **Crossroads Baptist Church** from any liability connected with the use of my picture or voice recording as part of any promotional, and recruitment purposes.

_____ Date: _____
Parent/Guardian Signature (if participant is a minor)

_____ Date: _____
Signature of Participant (if over 18 years of age)

For your information, we expect each student to conform to these "**Rules of Conduct.**"

- No possession or use of alcohol, drugs, or tobacco
- No possession or use of weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing as defined in our student ministry dress code brochure
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is necessary and expected
- Respect property of others
- Respect one another and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in student ministry events. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____