

Crossroads Presbyterian Church
**GENERAL PERMISSION, RELEASE OF LIABILITY
 AND CONSENT FOR MEDICAL TREATMENT FORMS**
Effective June 1, 2018 – May 31, 2019

Student's Name: _____ Birth date: _____ Age: _____
 School: _____ Grade: _____ Gender: Male Female
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Student Email Address: _____ Is this email checked daily? Y / N (circle one)
 Parent Email Address: _____ Is this email checked daily? Y / N (circle one)
 Mother's Name: _____ Phone: Home _____ Work _____ Cell _____
 Father's Name: _____ Phone: Home _____ Work _____ Cell _____
 Emergency Contact (Other than parent): _____ Relationship: _____
 Emergency Phone: Home _____ Work _____ Mobile _____

I, _____, the parent/legal guardian of, _____, (hereinafter referred to as the "REGISTRANT"), hereby acknowledge that the REGISTRANT is presently under my care and custody. **I give permission** for the REGISTRANT to go to and participate in activities with Crossroads Presbyterian Church, (hereinafter referred to as "CHURCH"), including those activities which require transportation to and from other locations. Examples include but are not limited to: Agape, Hope House, New Beginnings, parks and beaches, other churches and the like.

THE REGISTRANT IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH MY FULL RECOGNITION OF THE RISKS INVOLVED IN PARTICIPATION AND TRANSPORTATION TO AND FROM THOSE ACTIVITIES, INCLUDING THE RISK OF INJURY.

With full knowledge of the risk of injury inherent in such activities and in consideration of the Church allowing the REGISTRANT to participate in the activities, I hereby accept and assume full responsibility for any and all harm caused by negligence and do release, discharge, and otherwise indemnify the Church and its representatives, including volunteer leaders, harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, effecting the REGISTRANT during activities with the Church. This includes transportation to and from such activities which I hereby authorize.

I hereby acknowledge awareness of the fact that, prior to my execution of the above release and indemnity, I have had the opportunity to negotiate and bargain for an agreement whose terms differ from the terms of this one by contacting the Church Administrator of Crossroads Presbyterian Church at (262) 242-1670. By signing the above release and indemnity, I acknowledge that I do not wish to negotiate or bargain to change any terms of this form, including the above release and indemnity, and intend to waive any right I may have to do so.

Crossroads has my permission to post pictures of my child on bulletin boards, in brochures, flyers, on the website and other internal publications as long as my child's name is not used. Please circle no if we do not have your permission: NO

***Signature of Parent/Guardian:** _____ **Dated:** _____

**Adult Students (18 years of age or older): Must complete the Addendum on the reverse side of this form.*

MEDICAL AND INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____
 Insurance Address: _____ Ins. Phone No. _____
 Group Number: _____ Policy Holder Name: _____
 Doctor Name/phone: _____ Dentist Name/phone: _____
 Special Dietary Needs: _____
 Allergies: _____ Date of last tetanus: _____
 List any medications (and doses) which are take regularly: _____

Must complete reverse side

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Please make sure the reverse side is complete and the following

List any other special information should medical treatment be required: _____

This student **MAY** take the following over-the-counter meds (circle): Ibuprofen Tylenol Mylanta Benedryl

This student should **NOT** take the following over-the-counter medications: _____

**CONSENT TO RELEASE MEDICAL INFORMATION
AND CONSENT FOR MEDICAL TREATMENT**

In the event of an emergency or non-emergency situation in which medical treatment is required while participating in activities with the Church, I consent, authorize and permit the disclosure of all medical information and records known or possessed by any adult participating in the Church activities to medical personnel.

With full knowledge of the risks of injury involved in participating in youth activities, I hereby authorize the following persons to administer medical treatment to the Registrant, for any injury or other medical emergency while participating in activities with Crossroads Presbyterian Church, or while attending or traveling to or from any of those activities: All representatives of Crossroads, including staff members and volunteer leaders, as well as agents of off premises sites where youth activities may take place. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such medical care as they deem appropriate to preserve the life or well-being of my child. I, the parent/guardian, shall be financially responsible for the cost of any medical treatment rendered in that situation and agree to reimburse Crossroads or any other entity in the event the costs of such medical treatment are initially paid by Crossroads or such other entity. The Registrant and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein. This Consent for Medical Treatment is in effect from the date it is signed below through to May 31, 2019, and shall be interpreted under Wisconsin law. I have read and fully understand the above statements. I acknowledge that before signing I have had an opportunity to contact Crossroads Presbyterian Church to discuss any questions I had about the above Release and Consent.

Dated: _____

Signature of Parent/Guardian

Print Student Name

Print Parent/Guardian Name

Crossroads Presbyterian Church
ADDENDUM FOR ADULT STUDENTS
(To be completed by those 18 years and older)
Effective June 1, 2018 – May 31, 2019

I, the undersigned, am 18 years of age or older. I have read, understood and executed the above General Permission, Release of Liability and Consent for Medical Treatment Forms. I agree to the terms contained in those forms, including those releasing the Church and its representatives from liability from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by me during activities with the Church.

Dated: _____

Signature of Adult Student

Revised 1/2018

Print Name

Must complete reverse side