

Cross Roads United Methodist Church
Children, Youth and Family Consent and Waiver Form

This form must be completed in full, signed by the parent/guardian of the youth, and returned prior to events
This form is valid for Cross Roads United Methodist Church events starting January 1, 2017, Refresh Annually:

Please write legibly *Indicates required response

*Minor's Legal name _____ Other Names or Goes by _____

*Birthday _____ *Grade _____ *Sex _____ *Minor's Best Phone _____

*Address _____ *City _____ *ST _____ *Zip _____

*School _____ *Minor's Email addresses _____

*Parents/Guardians: Name _____ Relation _____ Number _____ Email _____

*Parents/Guardians: Name _____ Relation _____ Number _____ Email _____

Child lives with (Guardian) _____ on (days) _____ to _____ and with _____ on _____ to _____

*** Medical Information (for emergency treatment)**

*Medical Insurance Co. _____

*Insurance Co. phone _____ *Deductible amount _____

*Policyholder's place of employment _____

*Policyholder's name _____ *Policy no. _____

Other insurance related information _____

Allergies _____

*Medications taken _____

Physical limitations _____

Family/Child Doctor _____ Number _____ Name of Practice _____

*Last tetanus shot _____ Please attach Other Medical History _____

Emergency Phone Numbers (Please list people not already listed on this form)

*Other person (full name) _____ *Relationship to Student _____

*Emergency Person best no. _____ *Other no. _____

Please Attach Insurance Card Copy Please have Students memorize their SSN, or have it accessible to them

Contact Information: Best way to regularly communicate schedules and changes of scheduled:

I hold the above information to be true in (Sign and date): _____ **Date** _____

If information has not changed from 2017, please Initial instead of refilling out the form. As soon as there's change, resubmit: **2017** _____ **2018** _____ **2019** _____

Authorization Release Form for Treatment

I give my permission for _____ to participate in Cross Roads United Methodist Church activities.

I hereby release Cross Roads United Methodist Church, its staff, sponsors and volunteers from responsibility and liability for any illness or injury that the above mentioned child may sustain during any activity, including being transported by vehicle, and any and all claims and liabilities. In the event of an emergency, I hereby authorize a leader of the activity, and/or Cross Roads United Methodist Church volunteer or staff, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I expect to be contacted as soon as possible if an emergency occurs. I understand that this form may be shared with medical professionals in the case of health or emergency circumstances.

Your signature below indicates permission for Cross Roads United Methodist Church event staff, volunteers and staff to administer over-the-counter medications and treatment as necessary according to their best judgment without additional parental notification. If you do NOT consent to this policy, please indicate in writing and contact event leader.

By signing below, I agree to Grant Consent. I agree to give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the Cross Roads staff and Volunteers to seek treatment at the nearest available licensed physician or dentist, or transport to the nearest medical facility.

I understand that my child may appear in photographs or videos that are used for promotional purposes including but not limited to brochures, website, YouTube, Facebook, and bulletin boards. If you have questions or concerns regarding your child and this policy, please contact Jesse Greene, at crossroadsumcyouth@gmail.com or call the church main office.

*Signature of parent/guardian _____

Printed name of parent/guardian _____ *Date _____

If different than above, Insurance policyholder _____

Printed name of policyholder _____ Date _____

* Indicates required response

Please notify the church office and Youth Directors of any changes to this information.