MEDICAL RELEASE AND PHOTO/VIDEO PERMISSION FORM - 2015

Name _____ Sex: M___ F___ Grade _____ (that you're in right now) T-shirt size _____

Birthday _____/_____/_____ School _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Parent (Legal Guardian)_____ Phone _____ Cell _____

In Case of Emergency notify _____ Phone _____ Cell _____

Family Physician Name _____ Phone _____

Insurance Company _____ Policy # _____ Group # _____

Are you a member/regular attender of CRBC? _____ Yes _____No If no, who invited you? _____

Health History & Information

Date of last Tetanus Shot: ___/___/_____ Are other immunizations current? ____ Yes ____ No

Asthma—Does the student need to keep the inhaler to use as needed? ___ Yes ___ No

Allergies—list: _____

Medical Conditions/Physical Handicaps: _____

Medications - list: _____

You can administer the following over the counter medications to my child as needed: _____Tylenol _____Advil _____Cough Syrup _____Pepto Bismol/Immodium AD/Pepcid _____ Antihistamine (Benadryl)

Permission for Treatment, Photo/Video Notice & Release

I am aware that _____'s participation in all youth related activities through December 31, 2015 could involve the risk of injury to my child to participate in church sponsored activities, I hereby agree to let my child participate and to hold Cross Roads Baptist Church harmless from any and all liability actions, courses of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow the instructions of the supervising adults.

My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone. I also understand that as a participant, my child may be photographed or videotaped during church sponsored activities and these photos/videos may be used in promotional materials and/or the church websites. I have read, understand, and agree to follow the CRBC Student Ministry guidelines stated on the next page. I am signing this of my own free will.

Youth Signature: _____ Parent/Guardian Signature: _____ Date: _____

CROSS ROADS STUDENT MINISTRY