



CHILDREN'S MINISTRY
PERMISSION/RELEASE FORM
September 2008 – August 2009

My child _____ has my permission to travel with Crossroads Christian Church. I understand that he/she will be traveling in a private car or van or a Crossroads Christian Church van, and each child will be in a seat belt. I release Crossroads Christian Church, its staff and adult volunteers from liability in case of accident. I give my permission for trip leaders to take my child to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery and will assume the responsibility of all medical bills, if any. I understand that I will be contacted if at all possible and that our family physician will be contacted if possible. But in the event that he/she cannot be reached, the trip leader may choose a reputable physician.

I GIVE MY PERMISSION FOR MY CHILD'S PICTURE TO BE USED (NO NAMES WILL BE ATTACHED) ON THE CROSSROADS WEBSITE OR OTHER PRINTED MATERIALS.
YES _____ NO _____

_____ Date _____
parent/legal guardian

Parent phone _____

Work phone _____

Cell phone _____

Pager Number _____

Medical Insurance: (list all pertinent information, i.e. company name, HMO, policy #, group #, etc.)

Name & phone # of physician _____

Any allergies, physical limitations or medications? _____

If parent cannot be reached contact:

Name _____

Phone # _____