



PERMISSION FORM

April 1, 2022 - May 31, 2023

FOR THE STUDENT

I, _____ (Student), desire to participate in the activities of Crossroads Community Church Student Ministries, and promise to follow the instructions of the Youth Staff and to respect the rights of others.

PLEASE PRINT FIRST AND LAST NAME

I promise not to bring or use alcohol, tobacco, illegal drugs, or fireworks. I agree, if I violate this promise, my Parent(s)/ Guardian(s) may be notified and I may be sent home at my expense, before the activity is over.

The duration of this agreement is one year, and lasts for the time slot designated above.

Student Signature _____ Date _____

Age _____ Grade _____ Birth date _____

FOR THE PARENT/GUARDIAN

I/We, the undersigned, hereby grant _____ (son/daughter) my/our permission to attend and participate in the activities off-campus (such as gyms, nursing homes, restaurants, concerts, etc.) and all activities included in that ministry. We do hereby give permission for _____ (son/daughter) to ride in any vehicle designated by the Youth Staff members in whose care the minor has been entrusted while attending and participating in activities sponsored by Crossroads Community Church.

LIABILITY WAIVER

I/We further release and hold harmless the above named organizations, the individual Volunteer Staff Members, and all Crossroads Community Church Staff Members from any liability for loss, injury or damage to my son/daughter or property which may result from his/her participation. The duration of this agreement is one year and lasts for the time slot designated above.

LIMITED PURPOSE POWER OF ATTORNEY

Consent to Treatment of a Minor:

- A. The undersigned appoint and delegate the Youth Staff the power to consent on our behalf to all emergency treatment and/or medical/dental care (except elective surgery) of _____ (son/daughter) determined to be necessary or desirable by the youths attending physician/dentist at his/her office or hospital.
- B. The Power of Attorney shall continue for the duration of the trip or until revoked by the undersigned. Physicians, hospital medical staff or dentist may assume and rely that this authorization is currently in effect unless notified.
- C. The undersigned certify that they have read this Power of Attorney (or had it read to them), and that they understand this Power of Attorney.
- D. In the event of medical or dental treatment, parents/guardians are completely responsible for any necessary treatment cost incurred. In case of accident or injury, Crossroads Community Church begins where the parent/guardian insurance ends.
- E. If there are any religious or personal objections that do not allow your son or daughter to receive certain types of medical or dental treatment, you must give a signed written statement stating your position.

HEALTHCARE INFORMATION

Student Name _____

Insurance Company _____

Policy Holder _____ Birth date _____

Policy Number _____ Group # _____

Insurance Company Address _____

Insurance Company Telephone _____

Allergies _____

Medications now being taken _____

Conditions/problems _____

Additional information _____

NOTE: This yearly permission form applies to all the regular weekly/weekend activities of our Student Ministries, including overnight stays in the Metro-Detroit area. A separate form may be required for retreats, camps, mission trips, etc. that would take the youth group farther away from the church campus or for longer periods of time.

SIGNATURE OF PARENT OR GUARDIAN

Parent/Guardian signature: _____ Date: _____

Relationship: _____

Father Home #: _____ Cell #: _____ Work #: _____

Mother Home #: _____ Cell #: _____ Work #: _____

Parent/Guardian Address: _____

2nd Emergency Contact: _____

Relationship: _____ Phone: _____