

Medical Release/Permission Form - Chaperone
Crossroads Baptist Church - One80 Student Ministry
130 Conway Black Road Spartanburg, SC 29307

Year: 2015

All Sections Must Be Completed

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse Name _____

Hm Phone _____ Wk Phone _____ Cell Phone _____

Emergency Contact (Other than Spouse) _____

Hm Phone _____ Wk Phone _____ Cell Phone _____

I, hereby authorize any staff member and/or adult chaperone who may be supervising or directing any activity sponsored by Crossroads Baptist Church, Spartanburg, SC, to authorize emergency medical treatment of the person listed above while this person is participating in any trip or activity sponsored by Crossroads Baptist Church, Spartanburg, SC.

Furthermore, I release Crossroads Baptist Church, its staff, employees, and sponsors from any liability for personal injury, damage, or loss that the above named person may sustain while participating in any activity sponsored by Crossroads Baptist Church, Spartanburg, SC.

If any Crossroads Baptist Church staff sponsor deems it necessary for me to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all costs associated with such a return trip.

Crossroads has my permission to use any image of me made with others while participating in an activity or any written/recorded material that I may write/record about an activity for promotional purposes.

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Signature of Chaperone _____ Date _____

Signature of Witness (Adult) _____ Date _____

Notary Information

(Signature of Notary Public)

(Printed Name of Notary Public)

_____ County, South Carolina

Notary Stamp:

My commission expires _____

(PLEASE COMPLETE BACK OF FORM)

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical Release Form is valid **January 1, 2015 to December 31, 2015** and is for all Crossroads Baptist Church sponsored activities. If any of the information you have provided should change during these dates, please complete a new form and return it to the church office.

Name of Insured/Policy Holder _____

Occupation _____

Insurance Company Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Policy # _____ Group# _____

List and explain any medical problems: _____

Please list any medications:

Name of Medication	Dosage	Frequency	Reason for taking

Please list any allergies (food or medications): _____

Date of last tetanus shot: _____