

Medical Release Form
Crossroads Baptist Church
130 Conway Black Road Spartanburg, SC 29307

All Sections Must Be Completed

Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Emergency Contact (Other than Parent/ Guardian) _____

Home Phone _____ Work Phone _____

The undersigned, as parent or guardian of the person listed below, 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 my child 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.

Signature of Parent/ Guardian _____ Date _____

Signature of Witness (Adult) _____ Date _____

Parent/ Guardian Phone: Home _____ Work _____

(Please complete other side as well)

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, 2009 to December 31, 2009** and is for all Crossroads Baptist Church sponsored activities (excluding *World Changers*). 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 Parent/ Guardian

Occupation

Name of Insured Policy Holder

Insurance Company Name

Address

Phone

Policy # _____ Group # _____

List and explain any medical problems:

Please list any medications being taken and reason for taking:

Please list any allergies (foods or medications):

Date of last tetanus shot: