

**Medical Release and Consent Form CHILD
CrossPointe Church Effective 2010**

Participant Information – CHILD

Name: First (Nickname, if any) _____ Middle _____ Last _____ Date of Birth _____
() _____
Address: Street _____ City _____ State _____ Zip _____ Home Telephone Number _____

Parent Information for Emergency Contact

Name: First (Nickname, if any) _____ Middle _____ Last _____ Home Telephone _____
() _____ () _____
Pager/Cell Phone _____ Work Telephone _____

Emergency Contact Other Than Parent

Name (Relationship to Participant) _____ () _____ () _____
Home Telephone _____ Pager/Cell Phone _____

Health Information *Copy of front & back of insurance card attached?*

Primary Physician _____ () _____
Telephone Number _____

Primary Medical Insurance Company/Group _____ Date of Last Tetanus Shot _____

Policy Number _____ Responsible Party _____

Medications: _____

Allergies: _____

General Health Concerns/Past Medical History: _____

I knowingly release, absolve, indemnify, and hold harmless CrossPointe Church, Inc., its Members, Trustees, Boards, Leadership, and Staff, as well as counselors, organizers, workers and all others acting on behalf of CrossPointe Church or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the named participant in such programs and activities. In the event that I require medical or dental attention while attending **any** CrossPointe Church Ministries event, I understand that a staff member of the event will make every reasonable attempt to contact the above listed emergency contacts. In the event that they cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize a CrossPointe Church Staff Member to give such consent for me if I cannot be communicated with. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that I am covered by medical insurance and/or that I am responsible for any and all expenses incurred by myself, whether covered under insurance or not. I have read and understand this Medical Release and Consent Form and represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of CrossPointe Church Ministries.

Parent Signature _____ **Date** _____

STATE OF ALABAMA § COUNTY OF MADISON §
This instrument was acknowledged before me on _____, 20____

By _____

Notary Public, State of Alabama
MY COMMISSION EXPIRES _____

Crossfire Events Include:

Momentum – February 12-15, 2010

BigStuf

MFuge

Summer Camp

Summer Amusement Park Trip

Winter Retreat

DNow