

**Parent Permission - Release Form**  
**Student Ministries "U-Turn"**  
**2007-2008**

Crossroads Church  
554 S. Meridian Rd. Youngstown, OH 44509 330-799-9988

**Student Information**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Birth date \_\_\_\_\_ Grade \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Additional Contact # (\_\_\_\_\_) \_\_\_\_\_

Authorization of Consent to Treatment of Minor: (I)(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize Crossroads Church youth ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective for one full calendar year starting upon signature date, unless sooner revoked in writing delivered to said agent(s). **Each additional trip other than Sunday and Wednesday youth meetings must be initialed by parent/guardian to ensure that the information on this document is still true and correct.**

Release of the Crossroads Church:

\_\_\_\_\_ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Crossroads Church and its affiliates its agents, servants, employees, officers, and directors from any other sums which the Crossroads Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of real or personal property belonging to the Crossroads Church and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by \_\_\_\_\_ (child's name).

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_  
Parents/Guardian Email Address \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ If not insured please check here \_\_\_\_\_  
Policy #, or Group # \_\_\_\_\_  
Known Medical Conditions \_\_\_\_\_  
Medication? \_\_\_\_\_  
Allergies? \_\_\_\_\_  
Last Tetanus Immunization? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_  
Will Allow Blood Transfusions? (Check) YES \_\_\_\_\_ NO \_\_\_\_\_  
Other \_\_\_\_\_

**(Please fill out both sides) →**

Please **INITIAL** next to each trip you permit your child to attend.

Initial here \_\_\_\_\_ Winter Retreat (Winter Freeze/ Frostbite)

Initial here \_\_\_\_\_ X-Dayz (weekend activity)

Initial here \_\_\_\_\_ Guys Night Out/ Girls Night Out

Initial here \_\_\_\_\_ College Visitation Weekend(s)

Initial here \_\_\_\_\_ Rescue Mission- Feed the Need

Initial here \_\_\_\_\_ Mission Trip (TBA)

Initial here \_\_\_\_\_ Acquire the Fire

Initial here \_\_\_\_\_ Senior Trip

Initial here \_\_\_\_\_ Cedar Point

Initial here \_\_\_\_\_ Summer Camp

Initial here \_\_\_\_\_ Indians Baseball Game

Initial here \_\_\_\_\_

Initial here \_\_\_\_\_ Other \_\_\_\_\_  
(please specify)

Initial here \_\_\_\_\_ Other \_\_\_\_\_  
(please specify)

Initial here \_\_\_\_\_ Other \_\_\_\_\_  
(please specify)

Initial here \_\_\_\_\_ Other \_\_\_\_\_  
(please specify)

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

**(Please fill out both sides) →**