

Strive Student Ministry Activity Consent Form

Student Profile Information:

Student Name: _____

DOB: ____ / ____ / ____ Age: ____ Gender: ____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact:

Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone (____) _____

Work Phone (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Insurance Information:

Insurance Provider: _____ Group#: _____ Policy#: _____

Cardholder Name: _____

Relationship to Student: _____

Primary Care Physician Name: _____

Physician Phone: (____) _____

Medical Information:

Please list any allergies or medical conditions:

Do any of the above listed allergens require the use of an epi-pen? _____

Do any of the above listed medical conditions limit physical activity (please explain)?

Please list medications and special instructions:

Medicine: _____ Time(s) to be taken: _____

Amount to medication to be taken per dosage: _____

Maximum amount of medication to be taken in one day: _____

Total quantity of medication needed: _____

Medical Liability Release—please read carefully

The student ministry staff is very concerned about the safety and welfare of our students and will do their best to monitor administration of medication **during over-night events**. The undersigned acknowledges that although the child may have specific medical needs, Crossroads Church student ministry staff is not the parent of this child. The undersigned, hereby releases Crossroads Church, its employees and student ministry staff from any liability for injury or illness that my child may sustain in the administration of or non-administration of my child's medication.

In the case of emergency, I hereby authorize Crossroads Church student ministry staff as agent for me, to consent to any necessary medical, dental or surgical treatment and hospital care required for my child. I understand that every effort will be made to contact me in the case of emergency.

The above medical insurance information is accurate and current. I agree that my child will be covered by my personal medical insurance if applicable. I will be responsible for any costs not covered by insurance.

Consent to Transport and Participate

I give permission for my child to participate in Strive Student Ministry events. I understand that Strive Student Ministry hosts events on church property, but may take part in events outside of the county, state, or country. I give permission for my child to be transported in vehicles operated by Crossroads Church student ministry adult staff in accord with the church's policy regarding transportation of children. **I acknowledge that my child's presence and participation at such events will be recognized as my having given consent to participate.**

I, as the parent or guardian of the above named student, hereby release Crossroads Church, its employees and student ministry staff of liability resulting from transportation or involvement in activities with Strive Student Ministry, whether on or off of church property, and assume the risk of allowing my child to participate in events with the Strive Student Ministry. **I acknowledge that I have been notified that if, in the sole discretion of Strive Student Ministry Staff, my child refuses to demonstrate appropriate conduct, I may be contacted to retrieve my child at my own expense.**

By signing this consent form you are acknowledging that you have read it in its entirety and agree with the above releases of liability.

Name: _____

Signature: _____ Date: _____