

CROSSROADS COMMUNITY CHURCH
5578 Richmond Road • Troy • VA 22974 • 434-589-6689

MEDICAL AND LIABILITY RELEASE FORM

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IN CASE OF EMERGENCY, NOTIFY _____

PHONE() _____ DOCTOR'S NAME & CITY _____ DR'S PHONE _____

HEALTH HISTORY:

Allergies:	_____ Insect Stings	_____ Drugs	_____ Other Allergies
Other Conditions:	_____ Heart	_____ Frequent Colds	_____ Chronic Asthma
	_____ Hay Fever	_____ Frequent Stomach Upsets	_____ Physical
	_____ Epilepsy	_____ Diabetes	_____ Other Handicap

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): _____

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Any swimming restrictions: _____ YES _____ NO

Name of Insurance Carrier _____

Policy Number _____ Group Number _____

Address _____

PERMISSION FOR TREATMENT

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, or secure proper treatment, and/or order an injection, anesthesia, or surgery for my son/daughter as deemed necessary.

PARENTS' OR GUARDIAN'S SIGNATURES _____

LIABILITY RELEASE

Every activity sponsored by Crossroads Community Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

PARENTS' OR GUARDIAN'S SIGNATURES _____
