

Form 10 - Permission Form for Trips and Overnights

I give my son/daughter _____, permission to attend _____ (event/activity) on _____ (date) with the Children's Ministry or Youth Group of Cross Roads Presbyterian Church.

I also realize that the required cost is non-refundable and pick up time will be approximately _____.

Medical Release: I, the undersigned parent/guardian of the child/youth listed on this form do hereby give permission for any Cross Roads Presbyterian Church approved adults to treat said child/youth for minor injuries and to take him/her to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to the health of the child/youth. I consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that may be rendered to said minor, under the general specific instructions of _____ (name of participant's physician) or if unavailable, by an on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child/youth, in my absence, of said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. Delivered to said persons entrusted with the care, custody and control of said minor child, this consent will remain effective until the ____ day of _____ of 20___. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Cross Roads Presbyterian Church.

Further, as parent/guardian of the named above, I do hereby consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of parent/guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Has any medical information changed since the completion of Form 9: Child and Youth Registration Form?

_____ Yes _____ No

If yes, please elaborate. _____

If your student will be picked up by any person other than the parent/guardian or will drive himself/herself home after the above event/activity mentioned, please sign below as this will authorize your permission. Otherwise please leave the following blank and know you will be expected to pick up your son/daughter.

Name of Person/Driver: _____

Parent/Guardian Signature: _____