

## **CROSSROADS PARENTAL CONSENT FOR MEDICAL TREATMENT**

With the increasing sophistication of our medical systems and the liability risks associated with accidents, Crossroads Community Church, located at 2583 Thornhill Rd., Auburndale, Florida, is finding it expedient and necessary to have parental release/agreement forms in the unlikely event of some serious injury to your child (minor). Therefore, in consideration of allowing your child (minor) to participate in Crossroads' activities, the following sets forth an agreement entered into between Crossroads Community Church and you as the guardian of your child (minor).

This agreement gives us permission to take your child (minor) to the nearest available medical facility and have the necessary treatment administered. This is necessary because many hospitals will not administer any medical attention to a minor without some parental consent. **PLEASE PRINT.**

Name of Child:

Date of Birth:

Grade:

Parent (s) or Guardian (s):

Address:

Phone:

Father work/cell phone:

Mother work/cell phone:

If parents are not available, please contact the relative/friend below:

Name:

Phone:

Address:

Comments regarding medical history, allergies, drug allergies, drug reactions, etc., which may be needed in the event of treatment:

Insurance Company:

Policy #:

Address:

Phone:

In the event of emergency, I understand that all reasonable efforts will be made to contact me. If I cannot be reached, I, as guardian of the above named child (minor), hereby give Crossroads Community Church the permission to act in my behalf in seeking emergency treatment for my child (minor) in the event that such treatment is deemed necessary by Crossroads Community Church. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Crossroads Community Church from any liability, claims, demands of actions or causes of actions whatsoever arising while acting on my behalf whether damage or injury results from the negligence of the Church, its agents, servants or employees.

I, as guardian of the above named child, exempt and release Crossroads Community Church, its agents, servants, or employees from any and all liability, claims, demands of actions or causes of actions whatsoever arising out of any damage, loss or injury to the above named child or the above named child's property while upon the premises of Crossroads Community Church or while traveling with or engaged in Church sponsored trips or while participating in any activities contemplated by this agreement, whether such loss, damage or injury results from the negligence of the Church, its agents, servants, or employees.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public: