

**Crossview Baptist Church**  
**Activity Waiver/Medical Release/History**

(Consent to Medical Treatment for Child)

One form per participant. Please complete in pen

I, \_\_\_\_\_, am the parent/guardian having legal custody of the child listed below. While absent from my child, from (date) \_\_\_\_\_ until (date) \_\_\_\_\_, I have entrusted his/her care to Crossview Baptist Church/group sponsor representatives.

Legal Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**MEDICAL INFORMATION:**

Primary Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Name of person insurance is under: \_\_\_\_\_ Group #: \_\_\_\_\_

**HEALTH HISTORY:** Do you have any physical limitations that would hinder your ability to participate in vigorous activities? If so, please explain.

\_\_\_\_\_ Do you have any medical problems? If so, please explain.

\_\_\_\_\_ Are you allergic to any medications or food? If so, please explain.

\_\_\_\_\_ Do you take any medication on a regular basis? If so, please list:

**CONSENT FOR EMERGENCY TREATMENT** (Signature required from participant, or parent or guardian if under 18)

Note: If you should require medical attention while on an activity with the above listed church/group for injuries received or illness contracted prior to coming, please provide trip coordinators with information necessary to give proper medical service during the trip. In case of an emergency, I hereby give permission to the physician selected by the church/group sponsor representative to hospitalize secure proper treatment for and order injection, anesthesia, or surgery for myself/my child (ward) as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities. I, therefore, agree to assume as an explicit condition of my/my child's (ward's) participation, any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above named sponsor, the sponsoring church or group from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child (ward). I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment. Participant (or Parent/Guardian)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_