

Medical and Liability Release Form for CROSSROADS STUDENTS



Campus: Thornton / Northglenn / Fort Lupton Student Grade: _____

We, the undersigned, am/are the parent(s)/guardian(s) of _____ (Student's name printed) (a minor child, _____ years of age), or the person having legal custody pursuant to authority of _____ (Does NOT apply to parents) or the legal guardian of the minor child pursuant to an order of _____ (Does NOT apply to parents) and now have, and am/are entitled to the full and complete custody of said minor child.

I/We hereby authorize Crossroads American Baptist Church (Student Ministries), its agents, servants, employees, officers and directors, in whose care the minor child has been entrusted by me/us, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor child.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Crossroads American Baptist Church, its agents, servants, employees, officers and directors, to give specific consent to any and all such diagnosis, treatment or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of injury to or illness of the minor.

This Authorization shall be in effect from ___/___/_____ (today's date) and remain in effect for 24 months (2 years) unless sooner revoked by the undersigned in writing, delivered to Crossroads American Baptist Church (Student Ministries), its agents, servants, employees, officers and directors from any and all costs and expenses, including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs and all other sums which Crossroads American Baptist Church (Student Ministries), its agents, servants, employees, officers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability or any claim or action founded for, arising or alleged to have arisen out of the activity for which this Authorization is given or the use of real property belonging to Crossroads American Baptist Church (Student Ministries), its agents, servants, employees, officers and/or directors, or by any action or omission by the aforesaid minor child.

Crossroads employees/volunteers are no longer able to supply/administer medications to students without a note/instructions signed by the parents/guardians AND the students' doctor.

MEDICAL INFORMATION: (optional but VERY helpful)

Family Doctor: _____ Phone: () _____ - _____ (optional)
 Insurance company: _____ Policy/Group # _____ (optional)
 Medications/Allergies: _____
 Other instructions: _____

SIGN HERE	Parents Names & Signatures	Home Phone: () _____ - _____
	MOM Name: _____ Cell () _____ - _____	
	Signature _____ Date: ___ / ___ / _____	
	DAD Name: _____ Cell () _____ - _____	
	Signature _____ Date: ___ / ___ / _____	
	Custodian/Guardian's Name(s): _____ (Printed)	
	(Date) _____ (Custodian/Guardian's Signature) _____ () _____ (Cell) _____ () _____ (Work) _____	

ALTERNATE Emergency Contact Info:

Name: _____ **Phone:** () _____ - _____
Name: _____ **Phone:** () _____ - _____