



1. In the event of an accident, injury or illness at any Cross Pointe Student Ministries event, the church, staff, and volunteers ministry leaders will not be held liable or responsible.

Parent/Guardian's Signature: _____ Date: _____

Best daytime emergency contact phone/text number (w/ area code): _____

Best evening emergency contact phone/text number (w/ area code): _____

Contact's email address: _____

2. In the event that I am not present and/or cannot be reached, the student ministry leaders of Cross Pointe Community Church in Tontitown, AR have my permission to authorize emergency medical treatment for my child at the nearest medical facility:

(Print Child's full name) _____ Age: _____ yrs

Insurance Company Name: _____

Phone Number of Insurance Company: _____

Group Number: _____ Policy Number: _____

Group/Insured Person's Name: _____

3. The student ministry leaders have my permission to give my child the recommended dosage of Acetaminophen (Tylenol) or Ibuprofen (Advil) if it appears to be necessary for treatment of pain? yes no

Parent/Guardian's Signature: _____ Date: _____

HEALTH-RELATED INFORMATION

My child is allergic to the following foods/has special dietary needs: _____

My child is allergic to the following medications: _____

My child is allergic to the following insect stings: _____

List any recent surgery/medical treatment: _____

List any recent injuries or broken bones: _____

Does she/he have any health condition(s) that would limit physical/social activity? _____

List any current medications/dosages: _____

(NOTE- If leaders are expected to dispense medication during a Cross Pointe event, a Medication Form must be completed & on file prior to event.)

Date of her/his last tetanus immunization? _____