



A church That moves your heart and mind

The Crossing's Permission Slip

Student Ministry
Trips and Events 2010

Student's Name: _____ Phone: _____

Address: _____

I give my permission for my above-named child(ren) to **ride to and from events, conferences, and trips with the Student Ministry (Sr. High, Jr. High, Middle School) group of The Crossing of Columbia, MO in the year 2010.** I give permission for my student to ride with a parent or Middle School, Junior High, or Senior High volunteer or staff member to and from these events. **All car passengers are required to wear their seatbelts.**

I hereby release The Crossing of Columbia, MO, and its staff and teachers from responsibility and liability for any injury or illness that my child may sustain during the event. In the event of an emergency, I hereby authorize an adult leader of this event to act as my agent by consenting to an X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, anesthesiologist or dentist (as appropriate for my child) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent/Legal Guardian: _____

Date: _____

(Please fill out the information below)

Emergency Contact: _____

Emergency Phone Number: _____

MEDICAL INFORMATION:

Physical Handicaps or limitations: _____

Medical Insurance Company: _____

Member's Name: _____

Policy Number: _____