

CRYSTAL VALLEY YOUTH GROUP PERMISSION RELEASE FORM 2018-19

THIS FORM MUST BE FILLED OUT BY A PARENT/GUARDIAN. This form authorizes the following student to travel with CVMC to off-campus events for the school year of 2018-19. All Refuge students must have this form on file in order to travel with the youth group. Form expires Aug 31, 2019.

Student Full Name _____ Male Female

Street Address _____

City _____ State _____ Zip _____

School attending _____ Grade _____

Student cell phone # (if applicable) () _____ - _____

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Emergency Contact #1 (Parent/guardian preferred) ALL FIELDS REQUIRED!

Full Name _____ Relationship to student _____

E-mail address _____

Primary Phone () _____ - _____ Secondary Phone () _____ - _____

Emergency Contact #2 (Parent/guardian preferred) ALL FIELDS REQUIRED!

Full Name _____ Relationship to student _____

E-mail address _____

Primary Phone () _____ - _____ Secondary Phone () _____ - _____

Student Medical Information

Allergies (please list) _____

Medications currently taking _____

Medical Insurance Company _____ Policy Number _____

I hereby release Crystal Valley Missionary Church, its staff and leaders, from responsibility for any injury or illness that my student may sustain during our 2017-18 youth events. In the event of an emergency, I hereby authorize an adult leader, as an agent of myself to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment, and hospital care advised, supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under law of the state where the services are rendered, either at a doctor's office or hospital. I will also expect to be contacted as soon as possible in the event of such emergency.

Signature of Parent/Guardian _____

Date signed _____

*Must be signed by a parent or guardian for any student under the age of 18. Students 18 and older can sign for themselves.
Questions while filling out this form? Please contact Robby Rasbaugh at 574.536.8951