

Crystal Valley Permission Release Form 2020-2021

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 2020-21. All Refuge students must have this form on file in order to travel with the youth group. Form expires Aug 31, 2021.

Student Full Name _____ Male Female

Street Address _____

City _____ State _____ Zip _____

School attending _____ Grade _____

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

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 2020-21 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 Anthony Conrad 574.214.7793