

**Medical Release/Parent Permission Form 2023 Please Print/Type**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Age: \_\_\_\_\_ Sex M/F \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Code: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Grade : \_\_\_\_\_  
Birthday: \_\_\_\_\_

**Emergency Contact Information:**

Father or guardian \_\_\_\_\_ Phone \_\_\_\_\_  
: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Mother or  
guardian \_\_\_\_\_ Place of  
Employment \_\_\_\_\_

Please contact this person if parents/guardians cannot be located:  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Authorization for Emergency Medical Care:**

Phone : \_\_\_\_\_ Phone : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Phone : \_\_\_\_\_

I, \_\_\_\_\_, parent and/or guardian of  
\_\_\_\_\_. A minor, hereby give my child, the  
said minor, my express permission to attend functions related to and sponsored  
by Crosswalk Church.

In the event that emergency medical attention is needed, I hereby give permission for the sponsors that represent Crosswalk Church to seek medical attention for my child, and do hereby authorize medical treatment for the care of my said child as may be provided by doctors, hospitals, or other medical services.

It is understood that church officials will make a conscientious effort to locate the emergency contacts listed above before any action will be taken. If it is not possible to locate the emergency contacts listed above, I/we will accept the expense of emergency medical or surgical treatment.

Parent or Guardian Signature (s)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please read the following guidelines and sign below indicating that you have read and understand each guideline.

I do release, acquit, discharge, and covenant to hold harmless the churches and individuals responsible for planning children's ministry activities, Crosswalk Church, and its sponsors from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by, said child, during church activities.

I release all rights and give permission to Crosswalk Church to use any photos, video, quotes, and or recordings of my or my child for the express purpose of promoting Crosswalk Church and church activities.

I consent and give my permission for said child to participate in all sports/activities with Crosswalk Church.

\_\_\_\_\_ Parent/Guardian's

Signature Parent/Guardian's Signature