

# CrossPointe Christian Church Annual Medical Release

Effective dates: **1/01/26** to **12/31/26**

Please print in ink and attach a photo copy of the student's medical insurance card (front and back).

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
(First) (Middle) (Last)

Year in school for **2025-2026 year** \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Contact phone: \_\_\_\_\_ Work: \_\_\_\_\_

Father's name: \_\_\_\_\_ Contact phone: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact name/phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Physician \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone: \_\_\_\_\_

## MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing below. Include names of medications and dosages that must be taken: \_\_\_\_\_

Check the following areas of concern for this student. (If necessary, add another page with details):

1. For safety reasons and our knowledge, is your student a (circle one): good swimmer · fair swimmer · non-swimmer

2. Does your child have any allergies (i.e. pollens, medications, food, insect bites)? · Yes · No

If **Yes**, please describe allergy and treatment:

3. Please circle any of those listed below that your child suffers from, has experienced, or is currently being treated for:

· asthma · epilepsy / seizure disorder · heart trouble · diabetes · frequently upset stomach · physical handicap

4. Date of last tetanus shot: \_\_\_\_\_

5. Does your child wear: · glasses · contact lenses · none

6. Please list and explain any major illnesses the child experienced during the last year : \_\_\_\_\_

Additional comments: \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (for bikinis, please wear a t-shirt over it)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules and rules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student's Name (printed): \_\_\_\_\_

Student signature: \_\_\_\_\_

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

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, bonfires, student conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleep-overs, and more. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the CrossPointe office prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by CrossPointe Christian Church from January 1, 2026 to December 31, 2026.

DATE

DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases CrossPointe Christian Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by CrossPointe Christian Church. ***I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.*** In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by CrossPointe Christian Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. Also I/we understand that that pictures and/or video of my child may be taken and used to promote any CrossPointe related event.

Parent/guardian's name (printed): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

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