

# 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