

CROSSTONE'S PERMISSION FORM

I, the undersigned parent or legal guardian of the child listed on this form, do hereby grant my permission and consent for said child to attend the event listed below and to receive emergency medical care if: (1) such care is deemed necessary by the ministry/care provider, having custody of my child at Greenbrier Church; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize the life, health, or well-being of the child affected; and (3) I cannot be personally contacted. I further acknowledge that I have read and understood the above statements.

Event: _____ Date: _____

Child's Name: _____

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Please call Jeff or Debbie Carlucci at 546-1067 if you have any questions concerning the event.

Student Information:

Name: _____

Contact: Cell: _____ Email: _____

Allergies: _____

Parent Contact Information:

Parent Name(s): _____

Home Telephone: _____ Cell: _____

Email address: _____