



# Crossroads Fellowship Church

## *Children/Youth Permission Slip*

I give permission for my child \_\_\_\_\_  
(Student's Name)

to participate in \_\_\_\_\_.

I understand that he/she will be in vehicles driven by members/volunteers of Crossroads Fellowship Church. I will not hold Crossroads Fellowship Church or its members liable in any way for any injury sustained. I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child.

Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Please list any pertinent allergy or medical information that relates to your child's health.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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