



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.

Parent/Guardian Signature: _____ Date: _____

Phone: _____