

**Creve Coeur Christian Church  
Sr. & Jr. High Youth Ministry  
Consent/Medical Release Form 2010**

I, the undersigned, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (Child), a minor child, hereby

- a. Give permission, in case of emergency, to the physician selected by the Youth Ministry committee members of Creve Coeur Christian Church of Creve Coeur, IL, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this form above. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administrated.
- b. Give permission for my child to take part in the sponsored activities and events of the Youth Ministry of Creve Coeur Christian Church, (both on-grounds and off-grounds activities), and agree to be bound by all church and Youth Ministry policies in force.
- c. Release Creve Coeur Christian Church and its Youth Ministry from any liability, in case of accident, and will hold the Youth Ministry of Creve Coeur Christian Church or its staff members, committee members, and volunteers harmless.

An executed copy of this Consent/Medical Release Form shall be deemed to be an original.

X \_\_\_\_\_  
Parent or Legal Guardian

Effective:  
Date: 1/01/10 – 01/01/11

Students Name:

Parent/Guardian Name:

Parent/Legal Guardians Phone Numbers:

( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Insurance Info: (Enclose Copy of Card)

Any Special Concerns:  
(allergies, dietary, medical, etc.)

- Policy Holder/Policy Number
- Carrier Name/Address

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