



CrossRoads Emergency Treatment And Parental Consent Form

As parent/guardian of (*Student's name*): _____ I/We give our consent for our child/ward to accompany the CrossRoads Youth and Young Adult Ministry (a Ministry of St. Andrew UMC, 4703 N 50 W, West Lafayette, IN 47906) to the following event/s:

Event Name: _____

Event Location: _____

In the event that _____ (*student's name*) is injured or falls ill for any reason whatsoever, and the Adult Youth Leader(s) deem emergency care is required, I/We give our consent to reasonable emergency treatment.

Parents/Guardian – Please include the following information:

Insurance Company: _____

Insurance Number: _____

Family Physician: _____

Allergies or Illnesses that we need to be aware of:

_____ (use back of sheet if necessary)

Date signed: _____

In case of emergency, who should we contact?

_____ (Please Print)

Emergency number: _____

Signature of Parent/Legal Guardian:

Discipline Covenant: if your student refuses to cooperate with Leaders or agree to behave in an acceptable manner, parents/guardians WILL be called to pick up student. Parent/guardian please initial & date, signifying that you have read, understands, and agrees to comply with this covenant: _____