



Higher Definition Youth Ministries Information and Release Form

Student Name _____ Sex _____ Grade _____
Street Address _____ Birth date _____
City/State/Zip _____ Phone _____
Student's Cell phone _____
Student's Email Address _____
School District _____

Parent/ Guardian _____
Home Phone _____ Work Phone _____
Cell Phone _____

If not available, please notify:

1. Name _____	2. Name _____
Address _____	Address _____
C/S/Zip _____	C/S/Zip _____
Phone _____	Phone _____

Family Doctor _____ Phone _____
Address _____
Insurance Carrier _____
Policy Number _____
Name of Dentist & phone #: _____
Name of hospital preference & #: _____

Allergies _____
Health Problems _____
Medication Currently Prescribed _____
Date of last Tetanus shot _____
Any additional information you deem important _____

My child may be given Tylenol for headache or minor injury (circle one) Yes / No

I authorize my child to receive first aid as deemed necessary Yes / No

*** Please see back of this form ***



Higher Definition
Youth Ministries

Information and Release Form

I hereby grant permission for my child to participate in any activity sponsored by the Cross Roads Brethren in Christ Church and to attend various social, educational, and physical activities sponsored or offered by the church whether on or off church premises. I understand that separate “Activity Permission Forms” may be issued for specific events.

In the event of an emergency, I give my permission for the authorized group leader to secure proper treatment for my child as named above.

(Signature)

(Date)