

CrossBridge CrossTraining Youth Events Participation Parent's Permission Form for 2019 Events



CrossBridge Church 119 N. 3rd St., Ishpeming, MI 49849 Phone: 906-485-2044

Please turn in this form to CrossBridge Church

Parent's Name (Please Print) _____

Student's Birthdate _____ Grade in School _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

I give my permission for (Student's Name) _____ to participate in the church sponsored outings described in church bulletins. I understand that Pastor Kevin McIlhany or CrossBridge Church Youth sponsors will have authority while my child is on the outing. While every precaution will be taken to safeguard my child, it is understood that CrossBridge Church can assume no further responsibility.

Parent's Signature _____ Date _____



CrossBridge Church Medical Form

Medication student is presently taking _____

Any known pharmaceutical or other allergies _____

Family Doctor's Name _____ Phone Number _____

Hospital _____ Phone Number _____

Insurance Company _____ Policy Number _____

I also give my permission, in the event it becomes necessary, for the CrossBridge Church adult sponsor to take (Student's Name) _____ to a doctor or medical care facility for treatment.

Parent's Signature _____ Date _____

If you have questions, please contact Pastor Kevin McIlhany 906-420-1000.