

Crossroads Community Cathedral

1492 Silver Lane E. Hartford, CT 06118 (860) 895-1231

Parent Permission Form

Event:	Event Date:	Time:
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Student's Name _____ Male/Female Birth Date _____ Age _____ Grade _____

Address _____ City _____ ST _____ Zip _____

Parent(s) or Guardian(s) Name(s) _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work or Cell Phone _____

I hereby give my permission for my youth _____ to go with Crossroads Community Cathedral on (Date) _____ to (Event) _____. I understand the arrangements and feel that adequate precaution for the safety of my youth has been, and will be taken. I hereby understand that there will be supervision and caution taken on this trip and that Crossroads Community Cathedral will not be held liable for unforeseen accidents. The purpose of this form is to make it possible for parents and guardians to authorize the provision of emergency treatment for minors who may become ill or injured at a church related activity. This form must be signed by a guardian or parent and accompany the youth to the event in order for him/her to attend.

I have read, understand, and hereby agree with these guidelines and have completed this form to the best of my knowledge:

Parent/Guardian Signature Date

EMERGENCY INFORMATION

In case of an emergency, please contact the following:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor's Name _____ Phone _____

Type of Insurance _____ Policy # _____

Name of Insured _____

Known Allergies / Food Allergies _____

Present Medications: NO YES IF YES, please list: _____

Any current conditions/limitations we should be aware of: NO YES IF YES, please explain: _____

_____ Date of last Tetanus shot: _____