



Medical/Permission Form



Student Name: _____ Phone: _____

Birthday: _____ SSN: _____ T-SHIRT SIZE (circle) - S M L XL XXL

Name of Legal Parent or Guardian: _____

Relationship to Student: _____ Home Phone: _____ Wk. Phone: _____

Emergency Contact Person: _____ Phone: _____

Alternative Contact Person: _____ Phone: _____

Church Name: Cherry Tree Alliance Church Leader's Name: Joe Floris

Health Insurance Carrier: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Any significant medical information we may need to know (medication, health problems, etc): _____

Allergies: _____

Does student wear contact lenses, glasses, or other prostheses? ___ Yes ___ No If yes, please list.

Please read and sign the following:

I am the parent/guardian of the above named student and that student has my permission to go Breakaway 2010 with Cherry Tree Alliance Church from April 16-18. My son/daughter also has my permission to travel to the above function in the transportation arranged by Cherry Tree Alliance Church, whether it be bus, van, or other vehicles driven by sponsors over the age of 21. I have included all medical information the sponsors should know about on the medical form. I further understand that if my child should become a behavior problem, the sponsors have the right to call me and I will be expected to pick him/her up immediately.

Additionally, I hereby consent to emergency medical treatment deemed necessary in the unlikely event of an accident during my child's involvement with the Breakaway Conference. In the event that I cannot be reached in an emergency, I hereby give my permission for any treatment deemed necessary by the licensed physician selected by the youth leader from my child's church. I also release The Christian and Missionary Alliance, Family First Sports Park, the Breakaway staff, Cherry Tree Alliance Church, and the Cherry Tree Alliance Church sponsors from liability resulting from any accident.

Parent/Legal Guardian (please print): _____

Signature of Parent/Legal Guardian: _____

Date: _____