

Medical Authorization / Permission Slip

Activity: _____ Date: _____
Sponsor: **CROSSPOINT Alliance Church** Group Leader: Jonathan Coats/

Name of Minor _____ Age _____

Name of Parent or Guardian _____

Address _____

Home Phone _____ Business phone _____

Emergency contact other than parents or guardian:

Name _____
Wk phone _____ Home _____

Permission and Release: I give permission for my child to participate in this activity. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the *Rules* of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Medical Insurance Company: _____

Policy # _____ Current Medications: _____

Pertinent medical information (diabetes, allergies, etc.) _____

Guardian Signature _____ Date _____

THIS AGREEMENT IS SUBJECT TO ARBITRATION PURSUANT TO THE IDAHO ARBITRATION ACT, TITLE 7, CHAPTER 9, IDAHO CODE ANNOTATED.