

**ANNUAL PERMISSION SLIP**  
**(Form must be completed in presence of Notary)**

The undersigned, in consideration in the premises and the benefit flowing to the undersigned and to the child of the undersigned, hereinafter named, does hereby waive any and all claims or rights of claims which the undersigned may have to account of any accident, injury, demise and/or damage which might be sustained by the child and/or children of the undersigned on account of said child being a participant in physical activity, a passenger or getting into or alighting from that certain bus or vehicle operated by the **Crosswater Community Church , SAINT JOHNS COUNTY, FL**, any of its departments or divisions or current meeting locations, in Ponte Vedra, FL but not limited to.

The undersigned does hereby consent to (*insert student name in blank*): \_\_\_\_\_, to being a passenger in said bus/car and as such passenger going on and participating in trips and journeys made by said bus/car in connection with church-related activities and projects. This also waives any liability in which may incur at the location of church activities, off church property and those not limited to church property. This includes any trips to be taken and the location destination.

This consent and waiver is further intended to delegate to the person or persons in charge of and/or chaperoning any such trip, the right and authority to select such medical and/or hospital treatment as may be required under the circumstances then existing, and does hereby waive upon any attending physician, then duly licensed to practice in the state in which such event might occur, such authority to render treatment, surgical or otherwise, as he, in his professional judgment may deem necessary. The authority herein granted shall not be limited to any accident, injury, death and/or damage which my child(ren) may sustain, but shall also include any illness and/or sudden attack which my said child(ren) may suffer during the course of any such trip or journey.

I also give permission to Crosswater Community Church to use my child's photo in any web-based publication for ministry purposes.

Circle one:            Yes            No

This consent and waiver shall continue in force and effect for the year of  
**September 29, 2018 through September 30, 2019**, or until revoked in writing and said  
revocation delivered to a proper official of the Crosswater Community Church

The singular herein shall mean the plural, and the plural shall mean the singular which is applicable.

WITNESS HEREOF, the undersigned does hereby accept this agreement this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
*(date of month)            (month)            (year)*

Guardian Signature : \_\_\_\_\_ Print Name: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or produced a \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

(Notary Seal)

**Personal Information**

Date Filed: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: Home: (if different from above #) \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Work: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Cell / Mobile: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Information**

\*\*PLEASE FILL OUT BELOW or ATTACH A COPY OF CURRENT INSURANCE CARD

\*\*Medical ID # \_\_\_\_\_

\*\*Name of Insured (Parental Provider): \_\_\_\_\_

\*\*Insurance Carrier: \_\_\_\_\_

\*\*Insurance Address: \_\_\_\_\_

\*\*Insurance Customer Service Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Specific Allergies to medications or otherwise:** \_\_\_\_\_

\_\_\_\_\_

**Blood-type** (if known): \_\_\_\_\_

**Special Medical conditions:** \_\_\_\_\_

\_\_\_\_\_

**Other important information:** \_\_\_\_\_

I, the undersigned do hereby authorize Crosswater Community Church, organization or Counselors / Chaperones, the adult leaders in whose care the said is entrusted as agents for the undersigned, do consent to any emergency treatment, X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE