

**CrossView  
Christian  
Church**

**Minor Participation Authorization and  
Consent to Emergency Medical  
Treatment Form**

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_  
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of  
**CrossView Christian Church: CrossView Preschool on Tuesdays** (hereafter "the activity")  
on or about **September 6, 2022 thru April 25, 2023** .

I recognize that there are risks involved in participating in this activity and hereby assume all risk  
of injury, harm, damage, or death to my minor child in connection with his/her participation in  
this activity.

To the fullest extent permitted by law, I release **CrossView Christian Church**, its trustees,  
officers, directors, employees, agents and representatives from any injury, harm, damage or  
death which may occur to my minor child while participating in the activity and agree to save  
and hold harmless **CrossView Christian Church**, its trustees, officers, directors, employees,  
agents and representatives from any claims arising out of my minor child's participation in the  
activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical,  
surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor  
child. I understand that efforts will be made to contact me prior to treatment but, in the event I  
cannot be reached in an emergency, I give permission to the activity leader to make the  
decisions necessary for treatment. Should there be no activity leader available, I give  
permission to the attending physician to treat my minor child. As parent or legal guardian, I  
understand that I am responsible for the health care decisions of my minor child and agree that  
my insurance plan is the primary plan to pay for the medical, dental, or hospital care or  
treatment that is given to my minor child. Any insurance policy of the church or organization  
sponsoring this event will be used as the secondary coverage.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_