

**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: _____