



**Princeton Alliance Church - Crossroads Student Ministries - 2008/2009**  
**P.O. Box 9000, Plainsboro, New Jersey 08536 - 609.799.9000**  
**Behavior Waiver**

I, \_\_\_\_\_ (print parent or guardian name), take all responsibility for my child, \_\_\_\_\_ (print student name); during any Crossroads Student Ministries Events (this includes events off-site).

In the event of any personal or property damage done by my child, I agree that I am completely, morally, legally and financially responsible.

This includes:

- Physical harm or injury inflicted to another individual by a negligent or intentional act or omission of my child.
- Property damage caused by a negligent or intentional act or omission of my child.
- Transportation expense home for my child incurred by a decision to dismiss my child from an event for whatever reason, including, without limitation, for my child's (a) use or possession of alcohol, cigarettes, cigars, any tobacco, non-prescription drugs, inhalants or pornographic materials; (b) inability to exercise personal control over any actions that may cause injury to him/herself or another; or (c) excessive and persistent disruption of a group or an event.

All dismissal decisions are at the discretion of PAC staff. In the event that damage is caused by more than one child, equal responsibility is taken by all involved. When responsibility for damage is not claimed, all those closely related will share in responsibility and expense (example: room damage unaccounted for equals all room members share responsibility). All final decisions are the responsibility of the Student Ministries Pastor after discussion with all volunteer adults involved.

It is not our desire to ever send a student home and we will do all we can to work with you, the parent, in impacting your teen positively. When any serious problem arises you will receive a phone call so that the matter can be discussed and the proper action taken.

Signatures: \_\_\_\_\_ Parent or Guardian

\_\_\_\_\_ Student

\_\_\_\_\_ Date



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**Medical Permission and Release Form**

Please take a moment and complete all information correctly, i.e. check spelling of names, area codes for telephone numbers, addresses, emails, etc.

Student's Name \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Complete in June \_\_\_\_\_ Sex (circle) Male Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_  
 Parent Email \_\_\_\_\_ Student Email \_\_\_\_\_  
 School Child Attending \_\_\_\_\_  
 Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 In the case of an emergency and a parent cannot be reached, please contact:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**Required Emergency Medical Information**  
 Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Health Insurance \_\_\_Yes \_\_\_No Policy Number \_\_\_\_\_  
 Primary Insured \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_  
**Please attach a copy of the FRONT and BACK of your insurance card to be turned in with this form.**

**If your child is not in public or private schools, please provide the following:**  
 List Date of Last Immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus Only \_\_\_\_\_ Polio \_\_\_\_\_  
 Check if Child has had: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

**Daily Medication Requirements:**  
 Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_  
 Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_  
 Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Other Important Medical Information : \_\_\_\_\_  
 \_\_\_\_\_

**Please initial one:**  
 I (we) hereby DO \_\_\_\_\_ or DO NOT \_\_\_\_\_ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

*Please See Other Side*

