



**CROSSINGS**  
CHRISTIAN SCHOOL

PS-4<sup>th</sup> SPECIAL EVENTS/OFF-CAMPUS PERMISSION FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**Special Needs/Parent Wishes**

If your student has allergies, medical, or other special needs, please attach a statement to that effect and initial below. Please understand that some special needs may preclude participation in certain events. If you do not wish for your child to participate in certain activities, attach instructions and initial here \_\_\_\_\_. If you initialed this space, please communicate your wishes to your child.

**Parent Permission for Participation**

I, being the parent and/or legal guardian of above-mentioned student, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child me express permission to attend all off-campus events/activities unless specifically notified in writing prior to the activity/event. In the event of an emergency which would necessitate medical or surgical attention, I hereby give my permission to CCS staff, its agent or representative to make such decisions.

I, being the parent and/or legal guardian of above-mentioned student, release, acquit, discharge and covenant to hold harmless, CCS staff, its agent, or representative from any and all actions, damages, and/or liabilities arising out of the treatment of any sickness or accident incurred by my child. I also acknowledge all financial debts incurred are my responsibility and that CCS staff, its agent, or representative is not responsible.

Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Printed name of parent/legal guardian \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Date signed \_\_\_\_\_

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