Event: GET REAL WEST, Missoula, October 23-24, 2026
Permission Form Valid Date: October 23-24, 2026

Student Name:_____ Gender:_____ Grade:____

Birthdate: ____/____/____ T-Shirt Size_____

Parent(s) Names: _____

Address: _____ City/State/Zip: _____

Primary Phone #: _____ Other Phone #:_____

Home Church/Youth Group:_____

Medical Release Information

Medical Allergies: _____ Food Allergies: _____
Communicable Disease? _____ Taking medication? (If yes, please list): _____
Known medical conditions: _____
Insurance Carrier: _____ Policy #: _____
Physician: _____ Phone: _____
Permission to treat:
I, _____ (parent name, please print), parent/legal guardian of _____(student), give consent to treatment, in case of emergency, at the nearest medical facility. I have given all relevant medical information on this form to aid the medical staff. I understand that I will be contacted at the first possible opportunity, should any medical attention be necessary. I agree to hold MTSBC, Crosspoint Church, and chaperones free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will ultimately be responsible for the cost of any medical care. I also understand my student may appear in group photos & videos that may be used for future promotional use.

Parent Signature:_____ Date: _____

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