

2017 Cornerstone Church Medical Release & Permission Form

Today's Date: _____

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school _____ Male Female Parent Email _____

Address _____ City _____ State _____ Zip _____

Students Primary Phone # _____ Secondary Phone # _____

Medical insurance company _____ Policy number _____

Insured _____ Billing Address _____

Mother's name _____ Phone: Home _____ Cell _____
Work _____

Father's name _____ Phone: Home _____ Cell _____
Work _____

Emergency contact _____ Phone: Home _____ Cell _____
Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your child a good swimmer fair swimmer non-swimmer

2. Does your child have allergies to medications food insect bites other

If so, please list all known allergies:

3. Please list all medications your child is currently taking: _____

4. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy/seizure disorder heart trouble diabetes physical handicap other

5. Date of last tetanus shot: _____

6. Does your child wear glasses contact lenses

7. Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property, one another, staff, adult leaders, and comply with event schedules

rev. 06/12

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Cornerstone activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ **Date:** _____

By signing this form, you agree to assume and accept all risks and hazards inherent in church-related travel, ministry, social and sport activities including transportation to and from activities. You also agree that you will not hold Cornerstone Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are for both medical and liability release.

_____ (students name) has my permission to attend all activities sponsored by **Cornerstone Church of lone** from January 1, 2017 to December 31, 2017.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. _____ (Parent initials acknowledgement)

Photo and Video Release

I understand that the activities and events sponsored by Cornerstone Church of lone are considered public and may be photographed, and that these photos may be presented in various church-sponsored media, including but not limited to: photos, videos, slide presentations, PowerPoint presentations, newsletters, bulletins and/or bulletin inserts, brochures, handbooks, programs, and Internet Web pages. I hereby remise, release and forever discharge Cornerstone Church of lone from any liability for any injury or action against the above-named minor resulting from the use of such photos, video, or other image in any medium utilized. This release includes that Cornerstone Church of lone will not be responsible for other users production, display, distribution, or modification of the minors images in any manner, nor will Cornerstone Church of lone be responsible for defamation, misrepresentation, or criminal acts as a result of unauthorized use of Cornerstone Church of lone images by third parties.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Children's Ministries staff member or Lead Volunteer.

Signature of Mother or Legal Guardian Date

Signature of Father or Legal Guardian Date

Received on: