

PERMISSION & MEDICAL RELEASE FORM



TODAY'S DATE: _____

PARTICIPANT INFORMATION

Full Name: _____

Street Address: _____

City _____ State _____ Zip _____

Date of Birth: _____

I hereby grant permission for the above named person to participate in Cornerstone Church Student Ministry events. I understand that they participate in these activities at their own risk and that Cornerstone Church and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of the participant that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick them up.

I recognize that Cornerstone Church uses photographs and video images of events in our publicity materials such as the church website, newspapers, and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I also give permission for any adult staff member or adult volunteer of Cornerstone Church Student Ministry to seek emergency medical attention for this participant should they deem it necessary. I understand any medical or transportation costs incurred are my responsibility.

Signed: _____
(parent or legal guardian)

Print Name: _____

EMERGENCY CONTACT INFORMATION:

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Other Pertinent Contact Information: _____

Second Emergency Contact:

Name: _____ Phone # _____

Relationship to Participant: _____

Medical Insurance: _____ Group # _____

Policy #: _____ Name of insured: _____

Special Medical Conditions--Allergies, chronic illness, or other conditions:

Current Medications: _____

Any other information (special needs, concerns): _____
