

CORNERSTONE CHRISTIAN CHURCH

Youth Ministry 2016-2017

PERMISSION FORM /LIABILITY RELEASE/ CONSENT TO TRAVEL / MEDICAL RELEASE, LIABILITY RELEASE, PERMISSION, CONSENT TO TRAVEL

Date: _____

I, _____ give my child _____ permission to attend all
2016-2017 Cornerstone Christian Church Youth Ministry activities.

I, _____, being an adult (18 years or older) or the parent/legal guardian of _____
(name of minor), do hereby release CORNERSTONE CHRISTIAN CHURCH, its agents, assigns, employees, and volunteer assistants from any liability whatsoever arising out of injury, sickness, damage, or death which may be sustained by myself or the above minor during any activity, trip, function, or the like sponsored by or participated in by CORNERSTONE CHRISTIAN CHURCH during the school year 2016-2017. I also give my permission for the above named minor to attend and be transported to any activity, trip, function, or the like sponsored by CORNERSTONE CHRISTIAN CHURCH during the school year of 2016-2017 by a director or properly appointed staff member of CORNERSTONE CHRISTIAN CHURCH.

MEDICAL RELEASE

I, _____, being an adult (18 years or older) or the parent/legal guardian of _____
(name of minor), do hereby give my consent for the church leader or properly appointed staff member of CORNERSTONE CHRISTIAN CHURCH to secure the administration of medical treatment or medication for the above named individual and do further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary for myself or the above named minor while at any activity, trip, function, or the like sponsored by CORNERSTONE CHRISTIAN CHURCH during the school year of 2016-2017. I have informed CORNERSTONE CHRISTIAN CHURCH of all prescribed or over-the-counter medications that I and/or my minor are currently taking, all restrictions on medical treatment to be provided, of all allergies to medications, and of special medical requirements by listing them on the reverse side of this form.

On the reverse side of this form, please fill out all medical information completely.

DISCIPLINARY AGREEMENT

I, _____, being an adult (18 years or older) or the parent/legal guardian of _____
(name of minor), understand that while I or the above named minor participates in any activity, trip, function, or the like either sponsored by or participated in by CORNERSTONE CHRISTIAN CHURCH during the school year of 2016-2017, I or the above named minor, is responsible to abide by the rules set forth by the sponsored organization, its leaders and/or all supervisory personnel. Any infraction of rules and/or conduct by the above named person(s), deemed to be serious by any director or properly appointed staff member of CORNERSTONE CHRISTIAN CHURCH, can result in corrective action, up to and including dismissal from the event. In the event that I or the above named minor is dismissed from the program, I or the minor's legal guardian agrees to assume the entire cost of returning home. I fully understand and agree that there will be no refund of the cost of returning home.

CHILD'S DATE OF BIRTH _____ Month / Day / Year Child's Grade _____

MAIN EMERGENCY CONTACT Please complete the following information for the minor's parent/legal guardian:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL _____

ALTERNATE EMERGENCY CONTACT

In case of emergency and we are unable to reach the main emergency contact, who would you like us to attempt to reach?

NAME _____ RELATIONSHIP _____ PHONE _____

By signing below, I affirm that I totally agree to all of the above statements and that all of the information provided on the reverse of this form is complete, accurate and true to the best of my knowledge. I understand by signing below, I agree to allow photos and/or videos to be taken of my child for promotional use. If I do not agree, I will notify the Cornerstone Christian Church Youth Ministry.

Signature of parent or legal guardian

Date

Signature of other parent or legal guardian (if applicable)

Date

On the reverse side of this form, please fill out all medical information completely.

MEDICAL INFORMATION *(Please provide the following information):*

ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR MINOR BECAUSE OF DANGEROUS REACTIONS
(list all)

ANY MEDICAL CONDITIONS THAT YOUR MINOR MAY HAVE *(full details)*

ANY MEDICATIONS BEING CURRENTLY TAKEN BY YOUR MINOR *(list all)*

ANY ALLERGY YOUR MINOR MAY HAVE *(list all)*

ANY PHYSICAL LIMITATIONS OR DISABILITIES THAT COULD POTENTIALLY AFFECT YOUR MINOR DURING ACTIVITIES: *(list all)*

ALL MEDICAL INSURANCE INFORMATION

COMPANY NAME: _____

POLICY NUMBER: _____

MEMBER'S NAME: _____