



2018-19 PARTICIPANT PERMISSION & MEDICAL RELEASE

This form is for all 2018-19 Cornerstone Student Ministry Activities, Events, Retreats, and Trips\*

I, (PARENT NAME) \_\_\_\_\_ hereby give permission for (YOUTH NAME) \_\_\_\_\_ to participate in and be transported to and from any activities, events, retreats, or trips sponsored by the Student Ministry of Cornerstone Baptist Church, Hartwell, GA from now through the 9/1/2019.

In the event that (YOUTH NAME) \_\_\_\_\_ becomes ill or sustains an injury while on a sponsored activity/event with Cornerstone Baptist Church, I, the undersigned, give my permission to its employees, agents, or chaperones, to take whatever steps necessary to stop any bleeding and/or to administer first aid.

I also consent to an X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son or daughter under the general or specialized supervision and upon the advise of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future in effect until written revocations made. It is my responsibility to provide current and correct insurance information to the Church Office and my responsibility to update such information should it change within the year.

I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats or trips. I hereby release, absolve, indemnify, hold harmless, and forever discharge Cornerstone Baptist Church, its employees, agents, organizers, chaperones, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats or trips.

**Photography Consent:**

I understand that Cornerstone Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by Cornerstone Baptist Church in video presentations, publications, promotions, on their web site or in any other lawful manner.

**Please sign in presence of a notary**

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE SIGNED

**Notary Acknowledgement**

\_\_\_\_\_ personally appeared before me, with whom I am personally acquainted, and in my presence executed the within and forgoing permission and release form. Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_



# CORNERSTONE BAPTIST CHURCH

## STUDENT MEDICAL INFO FORM

This form is for all 2018-19 Cornerstone Student Ministry Activities, Events, Retreats, and Trips\*

\*\*PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD TO THIS FORM\*\*

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARENT(S) or GUARDIAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE NUMBER IF YOU ARE UNAVAILABLE:

NAME: \_\_\_\_\_ PHONE:(1) \_\_\_\_\_ (2) \_\_\_\_\_

*IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR, I UNDERSTAND IT IS **MY RESPONSIBILITY** TO NOTIFY THE CHURCH OFFICE AND UPDATE THIS INFORMATION.*

INSURANCE POLICY #: \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_

POLICY UNDER NAME OF: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

LIST ANY CURRENT MEDICAL, PHYSICAL, CONDITONS: \_\_\_\_\_

\_\_\_\_\_

MEDICATIONS CURRENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

SPECIAL DIETARY ISSUES: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I hereby submit that the above information is current, correct and to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE SIGNED

*\*except where additional forms are required by other groups or companies.*