

CORNERSTONE CHRISTIAN CHURCH

Youth Ministry ~ 2008-2009

Event: _____ Date: _____

I, _____ give my child _____ permission to attend the above event.

Do you have a yearly permission slip/medical/consent to travel/discipline agreement on file? Yes [] No []

If not, please fill out the remainder of this slip

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

LIABILITY RELEASE, PERMISSION, CONSENT TO TRAVEL

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 2008-2009. 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 2008-2009 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 2008-2009. 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 2008-2009, 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 _____ CHILD'S CURRENT SCHOOL GRADE _____
Month / Day / Year

MAIN EMERGENCY CONTACT

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

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____

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.

Signature of parent or legal guardian

Date

Signature of other parent or legal guardian (if applicable)

Date

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: _____