

CORNERSTONE COMMUNITY CHURCH

5732 Olson Rd, Ferndale, WA 98248

360-384-3661

CORNERSTONE.FERNDALE@COMCAST.NET

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of Cornerstone Community Church Youth Group and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Cornerstone Community church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give Cornerstone Community Church written notice to the contrary.

Parent/Guardian signature: _____ Phone (____) _____

Street: _____ City: _____ Zip: _____

Email: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Cornerstone Community Church. This permit is in effect until I give Cornerstone Community Church written notice to the contrary.

Parent / Guardian signature: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone #			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___ Yes ___ No. If yes, explain:

Is he/she required to take any medication? ___ Yes ___ No. If so, for what reason and how often?

Does he / she have any allergies or allergic reaction to any medication? ___ Yes ___ No. If yes, explain.

Is he/she presently under a doctor's care? ___ Yes ___ No. If yes. explain.