

Cornerstone, an Evangelical Free Church
Rock Solid
Medical Release Form

In an effort to consolidate paperwork and to minimize confusion on events, we are asking you to complete the form below. Should pertinent information change (like insurance company) please inform our office. It will be important for you to fill out a permission slip for major outings; we will provide these for you.

STUDENT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ WORK #: _____

PARENT NAME: _____

INSURANCE COMPANY: _____

GROUP NUMBER: _____

POLICY NUMBER: _____

DATE OF LAST TETANUS SHOT: _____

LIST MEDICATIONS AND DIRECTIONS FOR MEDICATIONS YOUR CHILD TAKES
REGULARLY: _____

LIST ANY MAJOR ILLNESSES WITHIN THE PAST YEAR: _____

IF WE CANNOT CONTACT YOU IN CASE OF EMERGENCY, CONTACT:
NAME: _____ PHONE: _____

RELATIONSHIP: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

As the parent of the above listed child, I give permission to a licensed physician to diagnose, hospitalize, anesthetize, or perform surgery on said child for any accident that occurs on church functions throughout the year **beginning August 1, 2015 through August 31, 2016**. I hereby release from liability all church staff (paid or volunteer) of Cornerstone, An Evangelical Free Church, in Annandale, VA, and the church itself. I understand that every effort will be made to contact me before any actions are taken.

SIGNATURE: _____ RELATIONSHIP: _____ DATE: _____