

Cornerstone Baptist Church
Student Ministries
116 S. Reeves Mill Rd.
Mt Airy, NC 27030
(336) 444-4451
Medical Release

Name of Youth Participant _____

Address _____

Phone: (_____) _____ Date of Birth _____ / _____ / _____
Month Day Year

Emergency Contact Person _____ Phone: _____

Name of Insurance Company _____ Policy # _____

Physician Name _____ Phone: _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information.

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed: _____ Date: _____

Waiver of Liability Statement

I, the parent or legal guardian of the child listed below, release with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below. I also give my permission for the youth pastor and Cornerstone Baptist Church to use photos taken of my child at church related events for promotional purposes (e.g., website, posters, signs, slideshows, videos, etc.)

Name of Youth Participant _____

Activity: C3 Mini Missions Week

Date(s) of activity: June 12th, 2016-June 14th, 2016

Signed _____ Date _____