# CHILD'S EXTENDED MEDICAL
## AUTHORIZATION AND RELEASE FORM

_____
LAST NAME

Mom's
Cell # (____) _____

Dad's
Cell # (____) _____

## PARENT PERMISSION AND AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned parent or legal guardian of the listed minor child or children, hereby authorize my child or children to participate in all activities from **June 1, 2019 until May 31, 2020**. This will cover all events on one permission form during this time, instead of having multiple forms to sign for each activity. Unless previously arranged by me, I understand that my child will be driven by a responsible adult of at least 25 years of age. This document gives permission for my child to leave the church premises to participate in activities planned through Cornerstone Kids Ministries.

It is understood that I assume all risk of loss or injury on behalf of my attending children. It is also understood that if an emergency arises, every effort will be made to notify the parent or guardian. Further, in the event of any accident or illness involving my child I hereby authorize the Pastor, Associate Pastor, Youth or Children's Pastor and/or other approved adult chaperones/staff to arrange for and authorize any necessary medical, surgical and/or dental care. Any qualified physician, nurse, hospital and/or emergency medical facility personnel may perform such treatment which, in their professional opinion, is required to safeguard the well-being of my child. I also agree to accept full responsibility for all cost of such medical or related service.

## RELEASE AND WAIVER OF CLAIMS AGAINST CORNERSTONE CHURCH

I, the undersigned parent or guardian of such minor children as listed below, and on their behalf, do hereby release, acquit and forever discharge and agree to hold harmless Cornerstone Church, its elders, employees, volunteers, members and administrators from any and all actions, causes of action, claims, demands, costs, expenses and compensation in any way arising out of my child's participation in activities sponsored by Cornerstone Church.

It is understood and agreed that this is a full and complete release and waiver of all claims and damages which the undersigned may claim as a result of participation in said activities by reason of injury, negligence, or other cause, and all losses as a result thereof. It is further understood and agreed that in the event that any claim is asserted against Releasee, I will hold Releasee harmless from such claim. I have carefully read this release and authorization and understand it; I have signed as my own free act and deed.

## Parent information

Signature of Parent/Guardian: _____

Please print above name:_____ Date:_____/_____/_____

Address: _____ City: _____ State:_____ Zip:_____

E-mail Address: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Telephone #'s: 1._____ 2._____
(can be parents' work numbers, grandparents or other relative to contact in case one parent cannot be reached at the numbers listed above).

## MEDICAL INFORMATION FOR MINORs LISTED:

If minor attendee needs any medicine while on the trip in conjunction with this church, including over the counter medicine, please be certain that the medicine is labeled and the directions for administering it are given to the designated nurse/ leader for the activity. Be sure to include instructions if the minor has an allergy to insect bites or any other allergies and conditions.

## CHILD one:

Minor's Full Name: _____ Date of Birth: _____/_____/_____Grade:_____

**Allergies:** Please check below **IF** your child has a sensitivity or **allergies** to: Gender: M / F

__Bee Sting __Nuts __Dairy __Latex __Other _____ Required Medications:_____

**Conditions:** Please check **IF** your child has:

__Asthma __Diabetes __Heart Condition __Kidney Injuries __Seizure Disorder __Other_____

Required Medications: _____ Other Medications:_____

## CHILD two:

Minor's Full Name: _____ Date of Birth: _____/_____/_____Grade:_____

**Allergies:** Please check below **IF** your child has a sensitivity or **allergies** to: Gender: M / F

__Bee Sting __Nuts __Dairy __Latex __Other _____ Required Medications:_____

**Conditions:** Please check **IF** your child has:

__Asthma __Diabetes __Heart Condition __Kidney Injuries __Seizure Disorder __Other_____

Required Medications: _____ Other Medications:_____

## CHILD three:

Minor's Full Name: _____ Date of Birth: _____/_____/_____Grade:_____

**Allergies:** Please check below **IF** your child has a sensitivity or **allergies** to: Gender: M / F

__Bee Sting __Nuts __Dairy __Latex __Other _____ Required Medications:_____

**Conditions:** Please check **IF** your child has:

__Asthma __Diabetes __Heart Condition __Kidney Injuries __Seizure Disorder __Other_____

Required Medications: _____ Other Medications:_____

## CHILD Four:

Minor's Full Name: _____ Date of Birth: _____/_____/_____Grade:_____

**Allergies:** Please check below **IF** your child has a sensitivity or **allergies** to: Gender: M / F

__Bee Sting __Nuts __Dairy __Latex __Other _____ Required Medications:_____

**Conditions:** Please check **IF** your child has:

__Asthma __Diabetes __Heart Condition __Kidney Injuries __Seizure Disorder __Other_____

Required Medications: _____ Other Medications:_____