

The ROCK Student Ministry

a ministry of Cornerstone Baptist Church

Permission slip & Medical form 2010 Events

I/We give consent for (print name of minor) _____ to attend
The ROCK Student Ministries Youth events for the year 2010.

In the event that he or she is injured while under the care of Cornerstone Baptist Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Cornerstone Baptist Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Cornerstone Baptist Church and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

Parent/Guardian Signature _____
Date _____

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Telephone at Home () _____

Telephone at Work () _____

Other phone (specify cellular/pager, etc.) () _____

Special Medications or Medication Allergies _____

Family Doctor/Name of Practice _____

Doctor's Phone () _____

Insurance Company _____

Group # _____ Policy # _____