

Windsor Cornerstone Student Ministries

1200 Cornerstone Drive Windsor, Co 80550

Youth Group Permission Slip & Release

2018-2019 School Year

Student Name: _____

School and Grade Level: _____ DOB _____

(1) As a parent/guardian, I give my permission for the above minor (student) to attend Cornerstone Youth activities including regular group and any special activities for the 2018-2019 school year. I authorize treatment under the direction of any licensed physician of the above minor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after reasonable effort has been made to reach me by phone. I will not hold the church, or their staff, administration, or workers liable for any injury to or loss of possessions by the above minor during any activity either on church property or away, including regular meetings as well as special events.

(2) I also give permission for the above minor to ride in any vehicle driven by an approved adult chaperone while attending and participating in activities sponsored by Cornerstone Baptist Church. My student and I understand that seat belts **shall be worn at all times** during transportation.

(3) I understand that in an effort to provide the best possible atmosphere at church sponsored events, youth are expected to cooperate with all advisors at all times. If my son or daughter fails to adhere to guidelines, I authorize the persons in charge of the event to take such action as they deem necessary and appropriate, which may include immediate return home at the Parent/Guardian's expense.

(4) Throughout the year, at various events, photos are taken of our youth. These photos may be shared on church publications, our website and social media. Please let us know if we may publish untagged photos of your student.

YES, I agree

NO, I do NOT agree

Parents Signature: _____ Date: _____

Please complete the back page of this form. Thank you.

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Parents/Guardian Names: _____

Address: _____

Cell Ph: _____ add # to text updates? Yes No

*we send out occasional text updates for youth events information

Email _____

Emergency Contact *(other than yourself, we will always contact you first)*

Phone # _____

Doctors Name & Phone:

Insurance Company:

Policy#: _____ Group# _____

Please list any allergies or medication your student takes:

Allergies: _____

Medications: _____

Unless a permission slip is specifically required for a specific event, this Permission slip will cover all activities throughout the 2018-2019 year.