

CORNERSTONE EVANGELICAL FREE CHURCH

HEALTH & RELEASE FORM ~ 2008

Name of youth _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ Sex _____ Height _____ Weight _____ lbs.

Social Security # _____ - _____ - _____

Parent and Student Release Statement

As parent/legal guardian of _____, I have reviewed the information about the youth ministry activity/event and in signing below give my permission for the subject of this release to be involved in all church-sponsored activities.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Emergency Contact Information

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ Work Phone (____) _____ - _____

Alternate Emergency Contact Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ - _____ Work Phone (____) _____ - _____

Insurance & Medical Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes ___ No ___ Name of company _____

Policy _____ Group# _____