

In whose name is the insurance? _____

Family Doctor _____ Town _____ Phone _____

If your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time at the activity.

Health History:

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken: _____

Any allergies? _____ To medications? _____

Please check all that apply: Heart Condition Diabetes Bug Bites Epilepsy/Nervous Disorders
 Asthma Frequent Stomach Upsets Hay Fever Physical Handicap
 Any Major Illness during Past Year

Please elaborate on above if checked _____

Date of last Tetanus shot _____ Contact Lenses? _____

Any swimming restrictions? _____

Any activity restrictions? _____

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on this form. In the event I cannot be reached in an emergency during the church sponsored event, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Cornerstone Evangelical Free Church and its agents during the events and activities. I understand the possibilities of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Cornerstone Evangelical Free Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Signature of Student (If over 18 years of age) _____